

IN PATIENT SUMMARY BILL

UHID	: MMH202481329	Bill No	: MMH/MH/IP202401966
IP No	: IP2024002002	Bill Date	: 14/09/2024
Patient name	: Dr.KISHORE.S	DOA	: 10/9/2024 8:29AM
Age	: 31 Y 10 M 1 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.BALAMURUGAN.S	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 18,900.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 800.00
6	INJECTION CHARGES	₹ 1,140.00
7	LABORATORY	₹ 11,232.00
8	NURSING CHARGE	₹ 3,600.00
9	OPERATION THEATRE CHARGES	₹ 22,850.00
10	OTHER ADDITION	₹ 17,675.00
11	PHARMACY CHARGE	₹ 137,228.00
12	PHYSIOTHERAPY	₹ 1,200.00
13	PROCEDURE CHARGES	₹ 2,000.00
14	PROFESSIONAL TEAM FEES	₹ 57,200.00
15	RADIOLOGY	₹ 2,064.00
Gross Amount		₹ 280,114.00
Sanction Amount		₹ 235,080.00
Net Payable		₹ 280,114.00
Advance Amount		₹ 45,034.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Five Thousand Thirty-Four Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MH/RECH202403499	CASH	Advance Amount	10,000.00
2	9/14/2024	MMH/MH/RECH202403576	CASH	Advance Amount	35,034.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/121314/0869199	235,080.00