

IN PATIENT SUMMARY BILL

UHID	: MMH202481366	Bill No	: MMH/MH/IP202402052
IP No	: IP2024002013	Bill Date	: 25/09/2024
Patient name	: Mrs.THILAGAVATHI S	DOA	: 10/9/2024 4:51PM
Age	: 52 Y 4 M 27 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.ARUN KANNAN	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,002.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 18,550.00
9	PHARMACY CHARGE	₹ 167,537.00
10	PHYSIOTHERAPY	₹ 3,500.00
11	PROCEDURE CHARGES	₹ 450.00
12	PROFESSIONAL TEAM FEES	₹ 60,000.00
13	RADIOLOGY	₹ 864.00
Gross Amount		₹ 278,953.00
Sanction Amount		₹ 258,917.00
Discount Amount		₹ 19,686.00
Net Payable		₹ 259,267.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,650.00

Received Amount in Words : Three Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MH/RECH202403512	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111100/0875341	258,917.00