

IN PATIENT SUMMARY BILL

UHID : MMH202481505

IP No : IP2024002051

Patient name : Mr.RAMACHANDRAN T S

Age : 69 Y 11 M 25 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402070

Bill Date : 26/09/2024

DOA : 15/9/2024 10:13PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 40,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 19,850.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 44,494.00
9	NURSING CHARGE	₹ 10,000.00
10	OPERATION THEATRE CHARGES	₹ 16,000.00
11	OTHER ADDITION	₹ 47,884.00
12	PHARMACY CHARGE	₹ 179,151.00
13	PHYSIOTHERAPY	₹ 4,600.00
14	PROCEDURE CHARGES	₹ 2,000.00
15	PROFESSIONAL TEAM FEES	₹ 58,850.00
16	RADIOLOGY	₹ 58,544.00
Gross Amount		₹ 498,298.00
Sanction Amount		₹ 200,000.00
Net Payable		₹ 498,298.00
Advance Amount		₹ 298,298.00
Received Amount		₹ 3,876.00
Refund Amount		₹ 3,876.00

Received Amount in Words : Three Lakh Two Thousand One Hundred Seventy-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/REDH202421234	CHEQUE	Collected Amount	3,876.00
2	9/15/2024	MMH/MH/RECH202403595	CARD	Advance Amount	20,000.00
3	9/21/2024	MMH/MH/RECH202403692	CARD	Advance Amount	100,000.00
4	9/21/2024	MMH/MH/RECH202403693	CARD	Advance Amount	178,298.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	241400200098	200,000.00