

IN PATIENT SUMMARY BILL

UHID : MMH202481591

IP No : IP2024002073

Patient name : Mr.SATHYANARAYANAN C

Age : 47 Y 5 M 1 D/Male

Consultant Name : Dr.VIJAY RAJ

Bill No : MMH/MH/IP202402029

Bill Date : 21/09/2024

DOA : 18/9/2024 10:42AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	LABORATORY	₹ 865.00
5	NURSING CHARGE	₹ 2,000.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	OTHER ADDITION	₹ 9,024.00
8	PHARMACY CHARGE	₹ 12,160.00
9	PROFESSIONAL TEAM FEES	₹ 26,400.00
Gross Amount		₹ 68,174.00
Sanction Amount		₹ 64,534.00
Net Payable		₹ 68,174.00
Advance Amount		₹ 3,640.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Six Hundred Forty Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MH/RECH202403633	CARD	Advance Amount	3,000.00
2	9/20/2024	MMH/MH/RECH202403678	CASH	Advance Amount	640.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/110000/0923084	64,534.00