

IN PATIENT SUMMARY BILL

UHID : MMH202481629

IP No : IP2024002090

Patient name : Mr.BABU N

Age : 56 Y 7 M 19 D/Male

Consultant Name : Dr.SRIRAM THANIGAI

Bill No : MMH/MH/IP202402071

Bill Date : 26/09/2024

DOA : 19/9/2024 8:17PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 7,500.00
6	INJECTION CHARGES	₹ 680.00
7	LABORATORY	₹ 9,419.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 17,000.00
10	OTHER ADDITION	₹ 21,913.00
11	PHARMACY CHARGE	₹ 122,353.00
12	PHYSIOTHERAPY	₹ 700.00
13	PROCEDURE CHARGES	₹ 450.00
14	PROFESSIONAL TEAM FEES	₹ 77,000.00
15	RADIOLOGY	₹ 3,200.00
Gross Amount		₹ 272,565.00
Sanction Amount		₹ 262,565.00
Net Payable		₹ 272,565.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/21/2024	MMH/MH/RECH202403696	UPI	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111100/0919664	262,565.00