

IN PATIENT SUMMARY BILL

UHID : MMH202481630

IP No : IP2024002130

Patient name : Mrs.KALAIYARASI A

Age : 54 Y 3 M 18 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202402086

Bill Date : 28/09/2024

DOA : 23/9/2024 5:29PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 3,000.00
6	INJECTION CHARGES	₹ 200.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 18,450.00
9	OTHER ADDITION	₹ 22,111.00
10	PHARMACY CHARGE	₹ 97,682.00
11	PHYSIOTHERAPY	₹ 3,600.00
12	PROCEDURE CHARGES	₹ 1,900.00
13	PROFESSIONAL TEAM FEES	₹ 51,700.00
14	RADIOLOGY	₹ 792.00
Gross Amount		₹ 218,485.00
Sanction Amount		₹ 215,485.00
Net Payable		₹ 218,485.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/RECH202403787	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/111114/0960124	215,485.00