

IN PATIENT SUMMARY BILL

UHID : MMH202481656

IP No : IP2024002095

Patient name : Mr.AROUMOUGAM C

Age : 53 Y 6 M 21 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202402076

Bill Date : 27/09/2024

DOA : 20/9/2024 12:41PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 27,225.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 11,024.00
7	NURSING CHARGE	₹ 4,400.00
8	OPERATION THEATRE CHARGES	₹ 9,850.00
9	OTHER ADDITION	₹ 19,863.00
10	PHARMACY CHARGE	₹ 23,220.00
11	PROCEDURE CHARGES	₹ 1,000.00
12	PROFESSIONAL TEAM FEES	₹ 91,200.00
13	RADIOLOGY	₹ 3,200.00
Gross Amount		₹ 199,657.00
Sanction Amount		₹ 182,008.00
Net Payable		₹ 199,657.00
Advance Amount		₹ 50,619.00
Received Amount		₹ 0.00
Refund Amount		₹ 32,970.00

Received Amount in Words : Fifty Thousand Six Hundred Nineteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MH/RECH202403753	UPI	Advance Amount	47,619.00
2	9/20/2024	MMH/MH/RECH202403671	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	Cir/2025/111200/0957223	182,008.00