

IN PATIENT SUMMARY BILL

UHID	:	MMH202481726	Bill No	:	MMH/MH/IP202402072
IP No	:	IP2024002120	Bill Date	:	26/09/2024
Patient name	:	Mr.RAMESH M	DOA	:	22/9/2024 8:43PM
Age	:	55 Y 5 M 29 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND ALLIED INSURANCE
Consultant Name	:	Dr.BASHEER AHMED			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	LABORATORY	₹ 2,018.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 15,850.00
9	OTHER ADDITION	₹ 7,394.00
10	PHARMACY CHARGE	₹ 98,842.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROCEDURE CHARGES	₹ 1,000.00
13	PROFESSIONAL TEAM FEES	₹ 203,500.00
14	RADIOLOGY	₹ 864.00
Gross Amount		₹ 349,768.00
Sanction Amount		₹ 241,025.00
Net Payable		₹ 349,768.00
Advance Amount		₹ 108,743.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eight Thousand Seven Hundred Forty-Three Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/22/2024	MMH/MH/RECH202403706	UPI	Advance Amount	5,000.00
2	9/25/2024	MMH/MH/RECH202403758	CARD	Advance Amount	103,743.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/110000/0955537	241,025.00