

IN PATIENT SUMMARY BILL

UHID : MMH202482321

IP No : IP2024002215

Patient name : Mr.BASKARAN K

Age : 42 Y 1 M 8 D/Male

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202402155

Bill Date : 07/10/2024

DOA : 5/10/2024 5:08AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 2,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,493.00
8	NURSING CHARGE	₹ 800.00
9	OPERATION THEATRE CHARGES	₹ 13,655.00
10	PHARMACY CHARGE	₹ 10,252.00
11	PROFESSIONAL TEAM FEES	₹ 23,500.00
Gross Amount		₹ 61,200.00
Sanction Amount		₹ 55,080.00
Net Payable		₹ 61,200.00
Advance Amount		₹ 6,120.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand One Hundred Twenty Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/RECH202403906	UPI	Advance Amount	5,000.00
2	10/6/2024	MMH/MH/RECH202403926	CARD	Advance Amount	1,120.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CHE-1024-PA-0000286	55,080.00