

IN PATIENT SUMMARY BILL

UHID : MMH202478407

IP No : IP2024001396

Patient name : Mrs.VIJAYA.T

Age : 60 Y 3 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401388

Bill Date : 29/06/2024

DOA : 21/6/2024 11:10PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : INSURANCE TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,000.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	EQUIPMENT	₹ 8,400.00
5	GENERAL PROCEDURE	₹ 4,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 28,391.00
8	NURSING CHARGE	₹ 4,000.00
9	OTHER ADDITION	₹ 6,159.00
10	PHARMACY CHARGE	₹ 24,521.00
11	PROFESSIONAL TEAM FEES	₹ 10,450.00
12	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 112,221.00
Discount Amount		₹ 16,953.00
Net Payable		₹ 95,268.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					