

### IN PATIENT SUMMARY BILL

UHID	:	MMH202478407	Bill No	:	MMH/MH/IP202401388
IP No	:	IP2024001396	Bill Date	:	29/06/2024
Patient name	:	Mrs.VIJAYA.T	DOA	:	21/6/2024 11:10PM
Age	:	60 Y 3 M 8 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND ALLIED
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	PARAMOUNT 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
		₹ 112,221.00
		₹ 16,953.00
		₹ 95,268.00
		₹ 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					