

### IN PATIENT SUMMARY BILL

UHID	:	MMH202480012	Bill No	:	MMH/MH/IP202401730
IP No	:	IP2024001720	Bill Date	:	12/08/2024
Patient name	:	Mr.VISWALINGAM N	DOA	:	31/7/2024 2:41PM
Age	:	76 Y 0 M 12 D/Male	DOD	:	
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Type	:	Insurance
			Entity Name	:	STAR HEALTH AND ALLIED
			TPA	:	INSURANCE AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DIET CHARGES	₹ 2,650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 17,000.00
6	GENERAL PROCEEDURE	₹ 950.00
7	HIGH DEPENDENCY UNIT / POW	₹ 6,000.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 17,388.00
10	NURSING CHARGE	₹ 4,400.00
11	OPERATION THEATRE CHARGES	₹ 18,000.00
12	OTHER ADDITION	₹ 35,133.00
13	PHARMACY CHARGE	₹ 101,217.00
14	PHYSIOTHERAPY	₹ 3,600.00
15	PROFESSIONAL TEAM FEES	₹ 64,900.00
16	RADIOLOGY	₹ 5,780.00
		₹ 304,793.00
		₹ 38,453.00
		₹ 266,340.00
		₹ 135,000.00
		₹ 0.00

Received Amount in Words : One Lakh Thirty-Five Thousand Only

SUDHA  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/RECH202403051	CASH	Advance Amount	135,000.00