

IN PATIENT SUMMARY BILL

UHID	:	MMH202481366	Bill No	:	MMH/MH/IP202402052
IP No	:	IP2024002013	Bill Date	:	25/09/2024
Patient name	:	Mrs.THILAGAVATHI S	DOA	:	10/9/2024 4:51PM
Age	:	52 Y 4 M 27 D/Female	DOD	:	
Consultant Name	:	Dr.ARUN KANNAN	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	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,002.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 18,550.00
9	PHARMACY CHARGE	₹ 167,537.00
10	PHYSIOTHERAPY	₹ 3,500.00
11	PROCEDURE CHARGES	₹ 450.00
12	PROFESSIONAL TEAM FEES	₹ 60,000.00
13	RADIOLOGY	₹ 864.00

Gross Amount	₹ 278,953.00
Sanction Amount	₹ 258,917.00
Discount Amount	₹ 19,686.00
Net Payable	₹ 259,267.00
Advance Amount	₹ 3,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 2,650.00

Received Amount in Words : Three Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/10/2024	MMH/MH/RECH202403512	UPI	Advance Amount	3,000.00