

IN PATIENT SUMMARY BILL

UHID	:	MHE202421963	Bill No	:	MMH/MV/IPE202400250
IP No	:	IPE2024000247	Bill Date	:	24/08/2024
Patient name	:	Mrs.SITHA	DOA	:	17/8/2024 11:12AM
Age	:	52 Y 0 M 7 D/Female	DOD	:	
			Entity Type	:	Insurance
Consultant Name	:	Dr.PARTHIBAN DURAISAMY	Entity Name	:	STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 240.00
2	BED CHARGES	₹ 9,660.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,700.00
4	EQUIPMENT	₹ 13,250.00
5	GENERAL PROCEEDURE	₹ 600.00
6	INTENSIVIST CHARGES	₹ 500.00
7	LABORATORY	₹ 2,160.00
8	NURSING CHARGE	₹ 3,000.00
9	OPERATION THEATRE CHARGES	₹ 10,000.00
10	PHYSIOTHERAPY	₹ 480.00
11	PROFESSIONAL TEAM FEES	₹ 61,750.00

Gross Amount	₹ 104,340.00
Discount Amount	₹ 5,217.00
Net Payable	₹ 99,123.00
Advance Amount	₹ 25,905.00
Received Amount	₹ 0.00
Amount Payable	₹ 73,218.00

Received Amount in Words : Twenty-Five Thousand Nine Hundred Five Only GUNAVATHI
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/22/2024	MMH/MV/RECAP202400440	CARD	Advance Amount	5,905.00
2	8/19/2024	MMH/MV/RECAP202400412	CASH	Advance Amount	20,000.00