

IN PATIENT SUMMARY BILL

UHID : MHE202421963

IP No : IPE2024000247

Patient name : Mrs.SITHA

Age : 52 Y 0 M 7 D/Female

Consultant Name : Dr.PARTHIBAN DURAISAMY

Bill No : MMH/MV/IPE202400250

Bill Date : 24/08/2024

DOA : 17/8/2024 11:12AM

DOD :

Entity Type : Insurance

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