

IN PATIENT SUMMARY BILL

UHID : MHE202422280

IP No : IPE2024000328

Patient name : Mr.KAMAL RAJ P A

Age : 47 Y 0 M 9 D/Male

Bill No : MMH/MV/IPE202400347

Bill Date : 05/10/2024

DOA : 26/9/2024 10:45AM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED INSURANCE

Consultant Name : Dr.PARTHIBAN DURAISAMY

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,800.00
2	ADMINISTRATION CHARGES	₹ 240.00
3	BED CHARGES	₹ 14,280.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,100.00
5	EQUIPMENT	₹ 7,500.00
6	INVESTIGATIONS	₹ 2,100.00
7	LABORATORY	₹ 1,440.00
8	NURSING CHARGE	₹ 5,100.00
9	PHARMACY CHARGE	₹ 11,156.00
10	PHYSIOTHERAPY	₹ 3,840.00
11	PROFESSIONAL TEAM FEES	₹ 8,850.00
12	RADIOLOGY	₹ 4,416.00
Gross Amount		₹ 65,822.00
Sanction Amount		₹ 40,776.00
Discount Amount		₹ 8,255.00
Net Payable		₹ 57,567.00
Advance Amount		₹ 29,610.00
Received Amount		₹ 11,156.00
Refund Amount		₹ 23,975.00

Remarks : RS.11156 CHEQUE WILL BE REFUNDED BY PHARMACHY

Received Amount in Words : Forty Thousand Seven Hundred Sixty-Six Only

LAVANYA MANOKAR

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MV/RECBD202403969	CHEQUE	Collected Amount	11,156.00
2	9/26/2024	MMH/MV/RECAP202400625	CARD	Advance Amount	840.00
3	9/26/2024	MMH/MV/RECAP202400626	CARD	Advance Amount	5,350.00
4	9/28/2024	MMH/MV/RECAP202400628	CARD	Advance Amount	840.00
5	9/28/2024	MMH/MV/RECAP202400629	CARD	Advance Amount	15,000.00
6	9/29/2024	MMH/MV/RECAP202400632	CARD	Advance Amount	6,500.00
7	10/1/2024	MMH/MV/RECAP202400640	CARD	Advance Amount	1,080.00

S.No	Description	Amount
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