

IN PATIENT SUMMARY BILL

UHID : MHE202421039 Bill No : MMH/MV/IPE202400046
 IP No : IPE2024000035 Bill Date : 03/05/2024
 Patient name : Mr.PUGALENDRAN DOA : 19/4/2024 1:49PM
 Age : 58 Y 5 M 20 D/Male DOD : 3/5/2024 1:00PM
 Entity Type : Insurance
 Consultant Name : Dr.PARTHIBAN DURAISAMY Entity Name : STAR HEALTH AND ALLIED
 INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 21,120.00
3	BLOOD COMPONENTS	₹ 11,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,300.00
5	EQUIPMENT	₹ 11,800.00
6	GENERAL PROCEDURE	₹ 650.00
7	LABORATORY	₹ 12,947.00
8	NURSING CHARGE	₹ 3,300.00
9	OPERATION THEATRE CHARGES	₹ 12,500.00
10	OTHER ADDITION	₹ 230.00
11	PHARMACY CHARGE	₹ 29,764.00
12	PHYSIOTHERAPY	₹ 400.00
13	PROFESSIONAL TEAM FEES	₹ 44,000.00
14	RADIOLOGY	₹ 1,370.00

Gross Amount	₹ 153,481.00
Sanction Amount	₹ 130,368.00
Discount Amount	₹ 23,113.00
Net Payable	₹ 130,368.00
Received Amount	₹ 0.00

Received Amount in Words : Zero Only

SUBHASHREE VASUDEVAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/161130/0091936	130,368.00