

**IN PATIENT SUMMARY BILL**

UHID : MH06171  
IP No : IP2023002551  
Patient name : Mrs.SAGAR BANU.N  
Age : 49 Y 4 M 29 D/Female

Bill No : MMH/MH/IP00037  
Bill Date : 30/11/2023  
DOA : 23/11/2023 4:36PM  
DOD :  
Entity Type : Insurance  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 19,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 27,456.00
5	NURSING CHARGE	₹ 3,000.00
6	OTHERS	₹ 799.00
7	PHARMACY CHARGE	₹ 10,728.00
8	PROFESSIONAL TEAM FEES	₹ 10,450.00
9	RADIOLOGY	₹ 480.00
Gross Amount		₹ 75,913.00
Sanction Amount		₹ 60,913.00
Net Payable		₹ 75,913.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 0.00

Received Amount in Words : Fifteen Thousand Only

DINESH

Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-23 17:24:06.396	MMH/MH/RECH00025	CARD	Advance Amount	5,000.00
2	2023-11-27 18:52:56.486	MMH/MH/RECH00099	CHEQUE	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
Self	HI-OIC-002483855	60,913.00