

IN PATIENT SUMMARY BILL

UHID	: MH13093	Bill No	: MMH/MH/IP202401200
IP No	: IP2024001200	Bill Date	: 05/06/2024
Patient name	: Mrs.MUTHULAKSMI.B	DOA	: 28/5/2024 10:10AM
Age	: 73 Y 7 M 7 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: <del>END</del> HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 45,000.00
3	EQUIPMENT	₹ 11,000.00
4	G.I.PROCEDURE	₹ 15,000.00
5	GENERAL PROCEDURE	₹ 1,000.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 18,000.00
8	LABORATORY	₹ 33,160.00
9	NURSING CHARGE	₹ 12,000.00
10	OPERATION THEATRE CHARGES	₹ 7,000.00
11	OTHER ADDITION	₹ 16,522.00
12	PHARMACY CHARGE	₹ 40,907.00
13	PHYSIOTHERAPY	₹ 6,300.00
14	PROFESSIONAL TEAM FEES	₹ 53,900.00
15	RADIOLOGY	₹ 20,630.00

Gross Amount	₹ 280,969.00
Sanction Amount	₹ 204,319.00
Net Payable	₹ 280,969.00
Advance Amount	₹ 76,650.00
Received Amount	₹ 0.00

Received Amount in Words	: Seventy-Six Thousand Six Hundred Fifty Only	SATHISH KUMAR.S
		Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/05/2024	MMH/MH/RECH20240190	CASH	Advance Amount	10,000.00
2	03/06/2024	MMH/MH/RECH20240200	UPI	Advance Amount	66,650.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	24053100160	204,319.00