

IN PATIENT SUMMARY BILL

UHID : MH13883
IP No : IP2023002581
Patient name : Mr.SIVASANKAR.S
Age : 74 Y 11 M 18 D/Male

Bill No : MMH/MH/IP00044
Bill Date : 30/11/2023
DOA : 27/11/2023 12:19PM
DOD :
Entity Type : Insurance
Entity Name : NOT CONFIRMED

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 6,562.00
5	NURSING CHARGE	₹ 1,500.00
6	OTHERS	₹ 95.00
7	PHARMACY CHARGE	₹ 5,153.00
8	PHYSIOTHERAPY	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 4,000.00
10	RADIOLOGY	₹ 6,500.00
Gross Amount		₹ 34,260.00
Sanction Amount		₹ 27,163.00
Net Payable		₹ 34,260.00
Advance Amount		₹ 34,260.00
Received Amount		₹ 0.00
Refund Amount		₹ 27,163.00

Received Amount in Words : Thirty-Four Thousand Two Hundred Sixty
Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 12:24:33.026	MMH/MH/RECH00082	CARD	Advance Amount	5,000.00
2	2023-11-29 19:04:04.723	MMH/MH/RECH00121	CARD	Advance Amount	29,260.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	23112902563	27,163.00