

IN PATIENT SUMMARY BILL

UHID	:	MH15669	Bill No	:	MMH/MH/IP202401997
IP No	:	IP2024001992	Bill Date	:	19/09/2024
Patient name	:	Mrs.VIJAYALAKSHMI S	DOA	:	7/9/2024 4:16PM
Age	:	62 Y 2 M 2 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY LTD
Consultant Name	:	Dr.VIJAYAN.J			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 44,400.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 13,500.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 20,084.00
9	NURSING CHARGE	₹ 9,600.00
10	OPERATION THEATRE CHARGES	₹ 25,550.00
11	OTHER ADDITION	₹ 36,477.00
12	PHARMACY CHARGE	₹ 96,821.00
13	PHYSIOTHERAPY	₹ 4,900.00
14	PROCEDURE CHARGES	₹ 9,500.00
15	PROFESSIONAL TEAM FEES	₹ 109,000.00
16	RADIOLOGY	₹ 1,800.00
Gross Amount		₹ 386,482.00
Sanction Amount		₹ 261,888.00
Discount Amount		₹ 15,000.00
Net Payable		₹ 371,482.00
Advance Amount		₹ 109,594.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Nine Thousand Five Hundred Ninety-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/7/2024	MMH/MH/RECH202403468	CARD	Advance Amount	3,000.00
2	9/16/2024	MMH/MH/RECH202403614	CARD	Advance Amount	106,594.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	12-331022	261,888.00