

**IN PATIENT SUMMARY BILL**

UHID : MH27871  
IP No : IP2023002665  
Patient name : Mrs.VISALAKSHI R  
Age : 74 Y 2 M 15 D/Female

Bill No : MMH/MH/IP00110  
Bill Date : 10/12/2023  
DOA : 7/12/2023 11:46AM  
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	₹ 10,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	INVESTIGATIONS	₹ 400.00
5	LABORATORY	₹ 14,604.80
6	NURSING CHARGE	₹ 1,875.00
7	OTHER ADDITION	₹ 3,727.00
8	PHARMACY CHARGE	₹ 6,149.00
9	PROFESSIONAL TEAM FEES	₹ 4,400.00
10	RADIOLOGY	₹ 4,500.00
<b>Gross Amount</b>		₹ <b>48,255.80</b>
<b>Sanction Amount</b>		₹ <b>44,700.00</b>
<b>Net Payable</b>		₹ <b>48,256.00</b>
<b>Advance Amount</b>		₹ <b>3,556.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**Received Amount in Words** : Three Thousand Five Hundred Fifty-Six Only

KARTHIK C

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-09 19:02:42.213	MMH/MH/RECH00251	CARD	Advance Amount	3,556.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	23120802482	44,700.00