

IN PATIENT SUMMARY BILL

|                 |                       |             |                             |
|-----------------|-----------------------|-------------|-----------------------------|
| UHID            | : MH38226             | Bill No     | : MMH/MH/IP202400246        |
| IP No           | : IP2024000219        | Bill Date   | : 02/02/2024                |
| Patient name    | : Mrs.USHA S          | DOA         | : 29/1/2024 4:51PM          |
| Age             | : 59 Y 0 M 4 D/Female | DOD         | :                           |
|                 |                       | Entity Type | : Insurance                 |
|                 |                       | Entity Name | : SBI GENREAL INSURANCE     |
| Consultant Name | : Dr.T.PALANIAPPAN    | TPA         | : VIDAL HEALTH              |
|                 |                       |             | : INSURANCE TPA PRIVATE LTD |

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2    | BED CHARGES                 | ₹ 11,000.00 |
| 3    | DIET CHARGES                | ₹ 900.00    |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 3,000.00  |
| 5    | EQUIPMENT                   | ₹ 1,800.00  |
| 6    | LABORATORY                  | ₹ 12,698.00 |
| 7    | NURSING CHARGE              | ₹ 3,200.00  |
| 8    | OTHER ADDITION              | ₹ 8,734.00  |
| 9    | PHARMACY CHARGE             | ₹ 11,706.00 |
| 10   | PROFESSIONAL TEAM FEES      | ₹ 9,350.00  |
| 11   | RADIOLOGY                   | ₹ 3,540.00  |
| 12   | ULTRASOUND                  | ₹ 2,000.00  |

|                 |             |
|-----------------|-------------|
| Gross Amount    | ₹ 68,278.00 |
| Sanction Amount | ₹ 67,018.00 |
| Net Payable     | ₹ 68,278.00 |
| Advance Amount  | ₹ 3,000.00  |
| Received Amount | ₹ 0.00      |
| Refund Amount   | ₹ 1,740.00  |

Received Amount in Words : Three Thousand Only

DINESH  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 29/01/2024   | MMH/MH/RECH2024003 | CARD         | Advance Amount | 3,000.00        |

| Medical Claim         | Claim No            | Sanction Amount |
|-----------------------|---------------------|-----------------|
| SBI GENREAL INSURANCE | CHE-0124-PA-0003596 | 67,018.00       |