

IN PATIENT SUMMARY BILL

UHID : MH45737
IP No : IPH202302519
Patient name : Ms.SARADHA GOPALAKRISHNAN
Age : 76 Y 3 M 18 D/Female

Bill No : MMH/HM/IPH00538
Bill Date : 19/12/2023
DOA : 16/12/2023 12:15PM
DOD :
Entity Type : Insurance
Entity Name : SBI GENREAL INSURANCE

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 9,900.00
3	CASUALTY	₹ 1,200.00
4	DIET CHARGES	₹ 3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 4,148.00
8	LABORATORY	₹ 7,056.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 6,622.00
13	PROFESSIONAL TEAM FEES	₹ 7,500.00

Gross Amount	₹ 44,676.00
Sanction Amount	₹ 40,426.00
Net Payable	₹ 44,676.00
Advance Amount	₹ 15,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 10,750.00

Received Amount in Words : Fifteen Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	CHE-1223-PA-0002218	40,426.00