

IN PATIENT SUMMARY BILL

UHID	: MH47161	Bill No	: MMH/MH/IP202402018
IP No	: IP2024002034	Bill Date	: 20/09/2024
Patient name	: Ms.JOTHI LAKSHMI C	DOA	: 12/9/2024 1:12PM
Age	: 28 Y 0 M 8 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: RELIANCE GENERAL INSURANCE
Consultant Name	: Dr.T.PALANIAPPAN		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 16,803.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 8,050.00
8	OTHER ADDITION	₹ 8,920.00
9	PHARMACY CHARGE	₹ 7,762.00
10	PROCEDURE CHARGES	₹ 450.00
11	PROFESSIONAL TEAM FEES	₹ 23,100.00
Gross Amount		₹ 72,085.00
Sanction Amount		₹ 65,578.00
Net Payable		₹ 72,085.00
Advance Amount		₹ 23,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 16,493.00

Received Amount in Words : Twenty-Three Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/RECH202403547	UPI	Advance Amount	3,000.00
2	9/12/2024	MMH/MH/RECH202403553	UPI	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	102240068072-01	65,578.00