IN PATIENT SUMMARY BILL

UHID : MH56058 Bill No : MMH/MH/IP202401022

IP No : IP2024001027 Bill Date : 12/05/2024

Patient name : Mr.RAJENDRAN C DOA : 4/5/2024 12:14PM

Age : 48/Male DOD

Entity Type : Insurance

Entity Name : FUTURE GENERALI INDIA

Consultant Name Dr.T.PALANIAPPAN INSURANCE COMPANY LTD

| Amount | | Description | S.No |
|-----------|---|-----------------------------|------|
| 350.00 | ₹ | ADMINISTRATION CHARGES | 1 |
| 14,800.00 | ₹ | BED CHARGES | 2 |
| 4,500.00 | ₹ | DIET CHARGES | 3 |
| 3,750.00 | ₹ | DUTY MEDICAL OFFICER CHARGE | 4 |
| 1,000.00 | ₹ | EQUIPMENT | 5 |
| 200.00 | ₹ | INJECTION CHARGES | 6 |
| 20,077.00 | ₹ | LABORATORY | 7 |
| 4,000.00 | ₹ | NURSING CHARGE | 8 |
| 4,150.00 | ₹ | OPERATION THEATRE CHARGES | 9 |
| 35,093.00 | ₹ | OTHER ADDITION | 10 |
| 14,789.00 | ₹ | PHARMACY CHARGE | 11 |
| 29,500.00 | ₹ | PROFESSIONAL TEAM FEES | 12 |
| 8,000.00 | ₹ | RADIOLOGY | 13 |

 Gross Amount
 ₹
 140,209.00

 Sanction Amount
 ₹
 132,908.00

 Discount Amount
 ₹
 7,301.00

 Net Payable
 ₹
 132,908.00

 Received Amount
 ₹
 0.00

Received Amount in Words : Zero Only SATHISH KUMAR.S

Authorised Signature

Payment History

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

| Medical Claim | Claim No | Sanction Amount |
|---|----------------|-----------------|
| FUTURE GENERALI INDIA INSURANCE COMPANY LTD | FGH1359945A-04 | 132,908.00 |