

IN PATIENT SUMMARY BILL

UHID : MHI202370931
IP No : IP2023002726
Patient name : Mr.MAHALINGAM.V
Age : 64 Y 11 M 10 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00199
Bill Date : 22/12/2023
DOA : 14/12/2023 1:03PM
DOD :
Entity Type : Insurance
Entity Name : BAJAJ ALLIANZ GENERAL
TPA : BAJAJ ALLIANZ TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,875.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,550.00
4	LABORATORY	₹ 26,460.00
5	NURSING CHARGE	₹ 4,875.00
6	OTHER ADDITION	₹ 6,172.00
7	PHARMACY CHARGE	₹ 11,299.00
8	PROFESSIONAL TEAM FEES	₹ 25,850.00
9	RADIOLOGY	₹ 6,840.00
Gross Amount		₹ 104,271.00
Sanction Amount		₹ 92,899.00
Net Payable		₹ 104,271.00
Advance Amount		₹ 11,372.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Three Hundred Seventy-Two
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/12/2023	MMH/MH/RECH00326	CARD	Advance Amount	5,000.00
2	21/12/2023	MMH/MH/RECH00424	AFFORDPLAN	Advance Amount	6,372.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	6471921	92,899.00