

IN PATIENT SUMMARY BILL

UHID : MHI202370931

IP No : IP2024000818

Patient name : Mr.MAHALINGAM.V

Age : 65 Y 3 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400820

Bill Date : 15/04/2024

DOA : 7/4/2024 12:28PM

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	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 4,800.00
6	LABORATORY	₹ 33,260.00
7	NURSING CHARGE	₹ 5,200.00
8	OTHER ADDITION	₹ 12,556.00
9	PHARMACY CHARGE	₹ 18,900.00
10	PROFESSIONAL TEAM FEES	₹ 18,700.00
11	RADIOLOGY	₹ 9,680.00
Gross Amount		₹ 130,196.00
Sanction Amount		₹ 107,896.00
Net Payable		₹ 130,196.00
Advance Amount		₹ 22,300.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Two Thousand Three Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	5,000.00
2	13/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	17,300.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	6675157	107,896.00