IN PATIENT SUMMARY BILL

UHID	:	MHI202370931		Bill No	:	MMH/MH/IP202401076
IP No	:	IP2024001062		Bill Date	:	19/05/2024
Patient name	:	Mr.MAHALINGAM.V		DOA	:	9/5/2024 12:09PM
Age	:	65 Y 4 M 8 D/Male		DOD	:	
				Entity Type	:	Insurance
				Entity Name	:	BAJAJ ALLIANZ GENERAL INSURANCE
Consultant Name	:	Dr.T.PALANIAPPAN		TPA	:	PARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 48,500.00
3	DIET CHARGES	₹ 7,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 20,000.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 15,000.00
8	LABORATORY	₹ 31,280.00
9	NURSING CHARGE	₹ 13,200.00
10	OTHER ADDITION	₹ 8,955.00
11	PHARMACY CHARGE	₹ 34,557.00
12	PHYSIOTHERAPY	₹ 3,500.00
13	PROFESSIONAL TEAM FEES	₹ 17,600.00
14	RADIOLOGY	₹ 11,960.00

Gross Amount	₹	**216,052.00**
Sanction Amount	₹	**171,973.00**
Net Payable	₹	**216,052.00**
Advance Amount	₹	**44,079.00**
Received Amount	₹	**0.00**

Received Amount in Words : Forty-Four Thousand Seventy-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH2024016'	CARD	Advance Amount	10,000.00
2	18/05/2024	MMH/MH/RECH2024018(	UPI	Advance Amount	34,079.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	6733619	171,973.00