

IN PATIENT SUMMARY BILL

UHID	:	MHI202370984	Bill No	:	MMH/MH/IP202401325
IP No	:	IP2024001353	Bill Date	:	22/06/2024
Patient name	:	Mr.PRAKASH.N	DOA	:	17/6/2024 2:55PM
Age	:	70 Y 0 M 5 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY LTD
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,400.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,500.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 50,395.00
8	NURSING CHARGE	₹ 4,400.00
9	OTHER ADDITION	₹ 3,079.00
10	PHARMACY CHARGE	₹ 13,389.00
11	PROFESSIONAL TEAM FEES	₹ 10,450.00
12	RADIOLOGY	₹ 11,040.00
Gross Amount		₹ 121,253.00
Sanction Amount		₹ 106,528.00
Net Payable		₹ 121,253.00
Advance Amount		₹ 14,725.00
Received Amount		₹ 1,399.00
Refund Amount		₹ 1,399.00

Received Amount in Words : Sixteen Thousand One Hundred Twenty-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/17/2024	MMH/MH/RECH202402216	CASH	Advance Amount	3,000.00
2	6/20/2024	MMH/MH/RECH202402285	CARD	Advance Amount	11,725.00
3	6/22/2024	MMH/MH/REDH202413394	CHEQUE	Collected Amount	1,399.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	1225158	106,528.00