

**IN PATIENT SUMMARY BILL**

UHID : MHI202371175  
IP No : IPH202302524  
Patient name : Mrs.ALAMELU K RANGAN  
Age : 77 Y 5 M 14 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH00598  
Bill Date : 26/12/2023  
DOA : 17/12/2023 7:41PM  
DOD :  
Entity Type : Insurance  
Entity Name : SBI GENREAL INSURANCE  
TPA : VIDAL HEALTH  
INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,300.00
2	BED CHARGES	₹ 29,700.00
3	CARDIOLOGY PACKAGE-HEART	₹ 11,758.00
4	DIET CHARGES	₹ 3,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	IMPLANT	₹ 687,637.00
7	LABORATORY	₹ 380.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 19,880.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 80,000.00
13	RADIOLOGY	₹ 1,824.00

<b>Gross Amount</b>	₹ <b>837,429.00</b>
<b>Sanction Amount</b>	₹ <b>752,786.00</b>
<b>Net Payable</b>	₹ <b>837,429.00</b>
<b>Advance Amount</b>	₹ <b>1,000.00</b>
<b>Received Amount</b>	₹ <b>0.00</b>
<b>Amount Payable</b>	₹ <b>83,643.00</b>

**Received Amount in Words** : One Thousand Only

IYAPPAN R  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/HM/RECAP00608	CASH	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	CHE-1223-PA 0001905	752,786.00