

IN PATIENT SUMMARY BILL

UHID : MHI202375339

IP No : IPH2024000048

Patient name : Mr.KANNAIAH N S

Age : 75/Male

Bill No : MMH/HM/IPH202400062

Bill Date : 09/01/2024

DOA : 6/1/2024 6:22PM

DOD :

Entity Type : Insurance

Entity Name : NOT CONFIRMED

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 2,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 13,805.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,400.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 9,087.00
11	PROFESSIONAL TEAM FEES	₹ 10,250.00
12	RADIOLOGY	₹ 2,880.00
Gross Amount		₹ 54,272.00
Sanction Amount		₹ 46,930.00
Net Payable		₹ 54,272.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 22,658.00

Received Amount in Words : Thirty Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	36094885	46,930.00