

IN PATIENT SUMMARY BILL

UHID : MHI202380231
IP No : IPH202302522
Patient name : Mr.JAYAVEL
Age : 62/Male

Bill No : MMH/HM/IPH00606
Bill Date : 26/12/2023
DOA : 17/12/2023 10:36AM
DOD :
Entity Type : Insurance
Entity Name : RELIANCE GENERAL
INSURANCE

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 27,375.00
3	BLOOD COMPONENTS	₹ 2,500.00
4	DIET CHARGES	₹ 6,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 22,000.00
7	GENERAL PROCEDURE	₹ 12,697.00
8	IMPLANT	₹ 89,208.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 25,313.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,000.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 43,500.00
15	PHARMACY CHARGE	₹ 128,067.00
16	PHYSIOTHERAPY	₹ 9,800.00
17	RADIOLOGY	₹ 4,308.00
18	ULTRASOUND	₹ 2,772.00

Gross Amount	₹ 387,590.00
Sanction Amount	₹ 300,000.00
Net Payable	₹ 387,590.00
Advance Amount	₹ 87,590.00
Received Amount	₹ 0.00

Received Amount in Words : Eighty-Seven Thousand Five Hundred Ninety
Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/12/2023	MMH/HM/RECAP00649	CARD	Advance Amount	76,000.00
2	23/12/2023	MMH/HM/RECAP00650	CARD	Advance Amount	11,590.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	102230076522	300,000.00