

IN PATIENT SUMMARY BILL

UHID : MMH202370602

IP No : IP2024000008

Patient name : Mrs.VIJAYALAKSHMI.S

Age : 54 Y 0 M 15 D/Female

Consultant Name : Dr.SENTHIL KUMAR E

Bill No : MMH/MH/IP202400026

Bill Date : 03/01/2024

DOA : 2/1/2024 7:35AM

DOD :

Entity Type : Insurance

Entity Name : LIBERTY GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 350.00
4	GENERAL PROCEDURE	₹ 450.00
5	LABORATORY	₹ 3,615.00
6	NURSING CHARGE	₹ 375.00
7	OTHER ADDITION	₹ 4,025.00
8	PHARMACY CHARGE	₹ 16,799.00
9	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 39,064.00
Sanction Amount		₹ 30,738.00
Net Payable		₹ 39,064.00
Advance Amount		₹ 8,326.00
Received Amount		₹ 0.00

Received Amount in Words : Eight Thousand Three Hundred Twenty-Six Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	8,326.00

Medical Claim	Claim No	Sanction Amount
LIBERTY GENERAL INSURANCE	500401-4218-23-3-700083-0	30,738.00