

IN PATIENT SUMMARY BILL

UHID : MMH202370602

IP No : IP2024000181

Patient name : Mrs.VIJAYALAKSHMI.S

Age : 54 Y 1 M 8 D/Female

Consultant Name : Dr.SENTHIL KUMAR.E

Bill No : MMH/MH/IP202400189

Bill Date : 27/01/2024

DOA : 25/1/2024 6:38AM

DOD :

Entity Type : Insurance

Entity Name : LIBERTY GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,475.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 4,767.00
5	NURSING CHARGE	₹ 400.00
6	OTHER ADDITION	₹ 2,580.00
7	PHARMACY CHARGE	₹ 18,819.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 40,766.00
Sanction Amount		₹ 40,166.00
Net Payable		₹ 40,766.00
Advance Amount		₹ 600.00
Received Amount		₹ 0.00

Received Amount in Words : Six Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/01/2024	MMH/MH/RECH20240024	CASH	Advance Amount	600.00

Medical Claim	Claim No	Sanction Amount
LIBERTY GENERAL INSURANCE	500401-4218-23-3-700087-0	40,166.00