

IN PATIENT SUMMARY BILL

UHID : MMH202370602

IP No : IP2024000373

Patient name : Mrs.VIJAYALAKSHMI.S

Age : 54 Y 2 M 0 D/Female

Consultant Name : Dr.SENTHIL KUMAR.E

Bill No : MMH/MH/IP202400372

Bill Date : 19/02/2024

DOA : 17/2/2024 6:49AM

DOD :

Entity Type : Insurance

Entity Name : LIBERTY GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 173.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 2,157.00
7	PHARMACY CHARGE	₹ 18,606.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 38,036.00
Sanction Amount		₹ 35,880.00
Net Payable		₹ 38,036.00
Advance Amount		₹ 2,156.00
Received Amount		₹ 0.00

Received Amount in Words : Two Thousand One Hundred Fifty-Six Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	2,156.00

Medical Claim	Claim No	Sanction Amount
LIBERTY GENERAL INSURANCE	500401-4218-23-3-700089-0	35,880.00