

**IN PATIENT SUMMARY BILL**

UHID : MHI202380517  
IP No : IPH202302396  
Patient name : Mr.BALAKRISHNAN.D  
Age : 72 Y 2 M 20 D/Male

Bill No : MMH/HM/IPH00436  
Bill Date : 02/12/2023  
DOA : 29/11/2023 4:41PM  
DOD :  
Entity Type : Insurance  
Entity Name : NATIONAL INSURANCE  
COMPANY LTD

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	BED CHARGES	₹ 4,500.00
2	CARDIOLOGY PACKAGE-HEART	₹ 17,782.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 300.00
7	IMPLANT	₹ 192,315.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 2,710.00
10	NURSING CHARGE	₹ 2,800.00
11	PHARMACY CHARGE	₹ 22,808.00
12	PROFESSIONAL TEAM FEES	₹ 70,000.00
13	RADIOLOGY	₹ 800.00

<b>Gross Amount</b>	₹ 320,915.00
<b>Sanction Amount</b>	₹ 293,915.00
<b>Net Payable</b>	₹ 320,915.00
<b>Advance Amount</b>	₹ 150,000.00
<b>Received Amount</b>	₹ 0.00
<b>Refund Amount</b>	₹ 123,000.00

**Received Amount in Words** : One Lakh Fifty Thousand Only

SANTHOSH  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 17:00:53.876	MMH/HM/RECAP00418	CASH	Advance Amount	150,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	CHE-1123-PA-0003313	293,915.00