

IN PATIENT SUMMARY BILL

UHID : MMH202371304
IP No : IP2023002558
Patient name : Mr.SEKAR T
Age : 54 Y 4 M 27 D/Male

Bill No : MMH/MH/IP00043
Bill Date : 30/11/2023
DOA : 24/11/2023 11:27AM
DOD :
Entity Type : Insurance
Entity Name : NOT CONFIRMED

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
4	INJECTION CHARGES	₹ 200.00
5	INVESTIGATIONS	₹ 250.00
6	LABORATORY	₹ 15,288.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 5,150.00
9	OTHERS	₹ 7,681.00
10	PHARMACY CHARGE	₹ 15,444.00
11	PROFESSIONAL TEAM FEES	₹ 17,600.00
12	RADIOLOGY	₹ 2,100.00

Gross Amount	₹ 88,063.00
Sanction Amount	₹ 87,563.00
Net Payable	₹ 88,063.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 4,500.00

Received Amount in Words : Five Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-24 11:34:07.10	MMH/MH/RECH00033	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	117791806	87,563.00