

IN PATIENT SUMMARY BILL

UHID : MMH202371316 Bill No : MMH/MH/IP00045
 IP No : IP2023002560 Bill Date : 30/11/2023
 Patient name : Mrs.AMRUTHA DOA : 24/11/2023 1:08PM
 Age : 75 Y 7 M 8 D/Female 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	₹ 30,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
4	EQUIPMENT	₹ 23,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	INVESTIGATIONS	₹ 250.00
8	LABORATORY	₹ 37,138.00
9	NURSING CHARGE	₹ 7,500.00
10	OTHER ADDITION	₹ 5,790.00
11	PHARMACY CHARGE	₹ 48,152.00
12	PHYSIOTHERAPY	₹ 5,900.00
13	PROFESSIONAL TEAM FEES	₹ 8,800.00
14	RADIOLOGY	₹ 14,280.00
15	TRANSPORT	₹ 1,000.00
16	ULTRASOUND	₹ 2,000.00
		₹ 198,760.00
		₹ 187,262.00
		₹ 198,760.00
		₹ 11,498.00
		₹ 0.00

Received Amount in Words : Eleven Thousand Four Hundred Ninety-Eight
Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-24 13:10:32.63	MMH/MH/RECH00037	CARD	Advance Amount	5,000.00
2	2023-11-29 19:30:37.89	MMH/MH/RECH00122	CASH	Advance Amount	6,498.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	117760097	187,262.00