

IN PATIENT SUMMARY BILL

UHID : MMH202371349
IP No : IP2023002571
Patient name : Mrs.CHITHRA.M
Age : 57 Y 6 M 8 D/Female

Bill No : MMH/MH/IP00088
Bill Date : 08/12/2023
DOA : 25/11/2023 9:28PM
DOD :
Entity Type : Insurance
Entity Name : NOT CONFIRMED

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 81,625.00
3	BLOOD COMPONENTS	₹ 82,950.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
5	EQUIPMENT	₹ 77,800.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 25,500.00
9	LABORATORY	₹ 79,547.00
10	NURSING CHARGE	₹ 18,875.00
11	OPERATION THEATRE CHARGES	₹ 3,500.00
12	OTHER ADDITION	₹ 53,572.00
13	PHARMACY CHARGE	₹ 226,837.00
14	PHYSIOTHERAPY	₹ 5,600.00
15	PROFESSIONAL TEAM FEES	₹ 36,850.00
16	RADIOLOGY	₹ 12,840.00
17	ULTRASOUND	₹ 2,600.00

Gross Amount ₹ **712,339.75**
Sanction Amount ₹ **699,340.00**
Net Payable ₹ **712,340.00**
Advance Amount ₹ **13,000.00**
Received Amount ₹ **0.00**

Received Amount in Words : Thirteen Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-25 21:36:18.200	MMH/MH/RECH00062	CARD	Advance Amount	10,000.00
2	2023-12-06 21:59:19.773	MMH/MH/RECH00213	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	231300251819/23130026278	699,340.00