

**IN PATIENT SUMMARY BILL**

UHID : MMH202371418  
IP No : IP2023002602  
Patient name : Mr.HARIHARAN S  
Age : 61 Y 11 M 20 D/Male

Bill No : MMH/MH/IP00061  
Bill Date : 02/12/2023  
DOA : 28/11/2023 8:30AM  
DOD :  
Entity Type : Insurance  
Entity Name : SBI GENREAL INSURANCE

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 1,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,856.00
8	NURSING CHARGE	₹ 3,000.00
9	OPERATION THEATRE CHARGES	₹ 7,000.00
10	OTHER ADDITION	₹ 11,646.00
11	PHARMACY CHARGE	₹ 15,705.00
12	PROFESSIONAL TEAM FEES	₹ 22,000.00
13	RADIOLOGY	₹ 9,300.00

<b>Gross Amount</b>	₹	<b>95,957.00</b>
<b>Sanction Amount</b>	₹	<b>93,361.00</b>
<b>Net Payable</b>	₹	<b>95,957.00</b>
<b>Advance Amount</b>	₹	<b>7,172.00</b>
<b>Received Amount</b>	₹	<b>0.00</b>
<b>Refund Amount</b>	₹	<b>4,576.00</b>

**Received Amount in Words** : Seven Thousand One Hundred Seventy-Two  
Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 09:25:14.700	MMH/MH/RECH00103	CARD	Advance Amount	5,000.00
2	2023-12-02 19:29:08.720	MMH/MH/RECH00174	CHEQUE	Advance Amount	2,172.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	90289401	93,361.00