

IN PATIENT SUMMARY BILL

UHID : MMH202371419

IP No : IP2023002804

Patient name : Mr.VAITHEESWARAN K

Age : 72 Y 8 M 30 D/Male

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202400010

Bill Date : 02/01/2024

DOA : 25/12/2023 4:43PM

DOD :

Entity Type : Insurance

Entity Name : NATIONAL INSURANCE COMPANY LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
5	EQUIPMENT	₹ 1,650.00
6	LABORATORY	₹ 5,530.00
7	NURSING CHARGE	₹ 3,000.00
8	OTHER ADDITION	₹ 4,199.00
9	PHARMACY CHARGE	₹ 12,285.00
10	PROFESSIONAL TEAM FEES	₹ 15,400.00
11	PULMONOLOGIST	₹ 4,000.00
12	RADIOLOGY	₹ 1,800.00
Gross Amount		₹ 62,514.00
Sanction Amount		₹ 61,524.00
Net Payable		₹ 62,514.00
Advance Amount		₹ 62,500.00
Received Amount		₹ 0.00
Refund Amount		₹ 61,510.00

Received Amount in Words : Sixty-Two Thousand Five Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/12/2023	MMH/MH/RECH00476	CARD	Advance Amount	3,000.00
2	29/12/2023	MMH/MH/RECH00545	CARD	Advance Amount	59,500.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	CHE-1223-PA-0004073	61,524.00