

IN PATIENT SUMMARY BILL

UHID : MMH202371529
IP No : IP2023002620
Patient name : Mrs.PRIYANKA SATHIYAMOORTHY
Age : 31 Y 1 M 7 D/Female

Bill No : MMH/MH/IP00091
Bill Date : 08/12/2023
DOA : 30/11/2023 3:30PM
DOD :
Entity Type : Insurance
Entity Name : MAGMA INSURANCE
TPA : MEDIASSIST INDIA TPA
PVT LTD

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
4	EQUIPMENT	₹ 500.00
5	LABORATORY	₹ 2,016.00
6	NURSING CHARGE	₹ 3,750.00
7	OTHER ADDITION	₹ 427.00
8	PHARMACY CHARGE	₹ 6,282.00
9	PROFESSIONAL TEAM FEES	₹ 1,650.00
Gross Amount		₹ 43,225.00
Sanction Amount		₹ 36,325.00
Net Payable		₹ 43,225.00
Advance Amount		₹ 6,900.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Nine Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 15:35:25.180	MMH/MH/RECH00132	UPI	Advance Amount	5,000.00
2	2023-12-05 13:15:01.050	MMH/MH/RECH00186	CARD	Advance Amount	1,900.00

Medical Claim	Claim No	Sanction Amount
MAGMA INSURANCE	117862135	36,325.00