

IN PATIENT SUMMARY BILL

UHID : MMH202371687
IP No : IP2023002664
Patient name : Mrs.SEETHALAKSHMI SHARMA
Age : 70 Y 7 M 23 D/Female

Bill No : MMH/MH/IP00107
Bill Date : 10/12/2023
DOA : 7/12/2023 10:55AM
DOD :
Entity Type : Insurance
Entity Name : NIVA bupa

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,050.00
4	LABORATORY	₹ 144.00
5	NURSING CHARGE	₹ 1,125.00
6	OTHER ADDITION	₹ 1,521.00
7	PHARMACY CHARGE	₹ 2,455.00
8	PROFESSIONAL FEES	₹ 5,500.00

Gross Amount ₹ **19,020.00**
Sanction Amount ₹ **16,289.00**
Net Payable ₹ **19,020.00**
Advance Amount ₹ **5,000.00**
Received Amount ₹ **0.00**
Refund Amount ₹ **2,269.00**

Received Amount in Words : Five Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 11:19:13.54	MMH/MH/RECH00217	CASH	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
NIVA bupa	782169	16,289.00