

**IN PATIENT SUMMARY BILL**

UHID : MMH202371749  
IP No : IP2023002674  
Patient name : Dr.SHANTHI C T  
Age : 49 Y 6 M 20 D/Female

Bill No : MMH/MH/IP00115  
Bill Date : 10/12/2023  
DOA : 8/12/2023 1:23PM  
DOD :  
Entity Type : Insurance  
Entity Name : Adhithiya Brila

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 2,460.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	LABORATORY	₹ 2,576.00
6	NURSING CHARGE	₹ 1,500.00
7	OTHER ADDITION	₹ 1,869.00
8	PHARMACY CHARGE	₹ 4,877.00
9	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 25,832.00
Sanction Amount		₹ 21,622.00
Discount Amount		₹ 4,210.00
Net Payable		₹ 21,622.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

KARTHIK C  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
Adhithiya Brila	1212385155019	21,622.00