

IN PATIENT SUMMARY BILL

UHID : MMH202371779
IP No : IP2023002679
Patient name : Mrs.TAMILSELVI KANAKIAH
Age : 74 Y 7 M 1 D/Female

Bill No : MMH/MH/IP00118
Bill Date : 11/12/2023
DOA : 9/12/2023 10:48AM
DOD :
Entity Type : Insurance
Entity Name : NOT CONFIRMED

Consultant Name : Dr.BALAJI.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 7,632.00
5	NURSING CHARGE	₹ 1,500.00
6	OTHER ADDITION	₹ 4,498.00
7	PHARMACY CHARGE	₹ 6,267.37
8	PROFESSIONAL FEES	₹ 2,200.00
9	RADIOLOGY	₹ 4,650.00
Gross Amount		₹ 33,997.37
Sanction Amount		₹ 23,052.00
Net Payable		₹ 33,997.00
Advance Amount		₹ 10,945.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Nine Hundred Forty-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-09 11:31:17.240	MMH/MH/RECH00239	CARD	Advance Amount	10,000.00
2	2023-12-11 17:01:04.516	MMH/MH/RECH00276	CASH	Advance Amount	945.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	CIR/2024/110000/1279075	23,052.00