

IN PATIENT SUMMARY BILL

UHID : MHI202381255
IP No : IPH202302563
Patient name : Mr.RAVICHANDRAN S
Age : 57 Y 7 M 25 D/Male

Bill No : MMH/HM/IPH00609
Bill Date : 26/12/2023
DOA : 20/12/2023 4:14PM
DOD :
Entity Type : Insurance
Entity Name : NATIONAL INSURANCE
TPA : NATIONAL TPA

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 27,375.00
3	BLOOD COMPONENTS	₹ 500.00
4	LABORATORY	₹ 19,582.00
5	PHARMACY CHARGE	₹ 81,548.00
6	PROFESSIONAL TEAM FEES	₹ 50,000.00
7	RADIOLOGY	₹ 4,308.00
8	SURGICAL PACKAGE-HEART	₹ 9,215.00
9	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 195,500.00
Sanction Amount		₹ 100,000.00
Net Payable		₹ 195,500.00
Advance Amount		₹ 95,500.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Five Thousand Five Hundred Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/12/2023	MMH/HM/RECAP00678	UPI	Advance Amount	50,000.00
2	26/12/2023	MMH/HM/RECAP00679	UPI	Advance Amount	45,500.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	HI-NIC-002544376	100,000.00