

**IN PATIENT SUMMARY BILL**

UHID : MMH202371971  
IP No : IP2023002722  
Patient name : Mrs.LAKSHMI S  
Age : 58 Y 6 M 6 D/Female

Bill No : MMH/MH/IP00159  
Bill Date : 16/12/2023  
DOA : 14/12/2023 3:06AM  
DOD :  
Entity Type : Insurance  
Entity Name : NIVA bupa

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 17,995.00
5	NURSING CHARGE	₹ 2,250.00
6	PHARMACY CHARGE	₹ 3,730.00
7	PROFESSIONAL TEAM FEES	₹ 4,950.00
8	RADIOLOGY	₹ 10,405.00
Gross Amount		₹ 48,380.00
Sanction Amount		₹ 47,113.00
Net Payable		₹ 48,380.00
Advance Amount		₹ 8,546.00
Received Amount		₹ 0.00
Refund Amount		₹ 7,279.00

Received Amount in Words : Eight Thousand Five Hundred Forty-Six Only

DINESH

Authorised Signature

**Payment History**

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

Medical Claim	Claim No	Sanction Amount
NIVA bupa	118130352	47,113.00