

IN PATIENT SUMMARY BILL

UHID : MHP202300219
IP No : IP2023002749
Patient name : Mrs.NAGAMANI.K
Age : 58 Y 0 M 4 D/Female

Bill No : MMH/MH/IP00200
Bill Date : 22/12/2023
DOA : 18/12/2023 6:31PM
DOD :
Entity Type : Insurance
Entity Name : NIVA bupa

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,450.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 7,150.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 8,268.00
8	NURSING CHARGE	₹ 2,750.00
9	OTHER ADDITION	₹ 4,398.00
10	PHARMACY CHARGE	₹ 9,549.00
11	PROFESSIONAL TEAM FEES	₹ 6,600.00
12	RADIOLOGY	₹ 17,880.00
13	ULTRASOUND	₹ 2,000.00

Gross Amount	₹	75,595.00
Sanction Amount	₹	69,696.00
Net Payable	₹	75,595.00
Advance Amount	₹	10,000.00
Received Amount	₹	0.00
Refund Amount	₹	4,101.00

Received Amount in Words : Ten Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00380	UPI	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
NIVA bupa	789215	69,696.00