

IN PATIENT SUMMARY BILL

UHID	: MHI202381442	Bill No	: MMH/HM/IPH202400175
IP No	: IPH2024000129	Bill Date	: 25/01/2024
Patient name	: Mrs.PREMA K	DOA	: 17/1/2024 11:24AM
Age	: 40 Y 8 M 18 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: SBI GENREAL INSURANCE
Consultant Name	: Dr.RAJESH.V		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 10,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 20,900.00
7	GENERAL PROCEDURE	₹ 3,506.00
8	IMPLANT	₹ 160,000.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	INVESTIGATIONS	₹ 1,750.00
11	LABORATORY	₹ 21,076.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 2,800.00
14	OP REGISTRATION	₹ 150.00
15	OPERATION THEATRE CHARGES	₹ 10,500.00
16	PHARMACY CHARGE	₹ 156,980.00
17	PHYSIOTHERAPY	₹ 7,700.00
18	RADIOLOGY	₹ 3,516.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 410,000.00
Sanction Amount		₹ 294,000.00
Net Payable		₹ 410,000.00
Advance Amount		₹ 116,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Sixteen Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	40,000.00
2	23/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	26,000.00
3	23/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	90336631	294,000.00