

IN PATIENT SUMMARY BILL

UHID	: MMH202372493	Bill No	: MMH/MH/IP202401299
IP No	: IP2024001359	Bill Date	: 19/06/2024
Patient name	: Mrs.SAMPATH KUMARI.D	DOA	: 18/6/2024 7:45AM
Age	: 67 Y 6 M 29 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: GO DIGIT GENERAL INSURANCE
Consultant Name	: Dr.VENKATACHALAM VEERAPPAN	TPA	: MT AL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 4,709.00
5	NURSING CHARGE	₹ 400.00
6	OTHER ADDITION	₹ 7,374.00
7	PHARMACY CHARGE	₹ 114,231.00
8	PROFESSIONAL TEAM FEES	₹ 9,900.00

Gross Amount	₹ 139,439.00
Sanction Amount	₹ 138,989.00
Net Payable	₹ 139,439.00
Advance Amount	₹ 3,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 2,550.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MH/RECH202402232	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
GO DIGIT GENERAL INSURANCE LTD	MUM-0624-PA-0000564	138,989.00