## IN PATIENT SUMMARY BILL

UHID : MMH202372493 Bill No : MMH/MH/IP202401363

IP No : IP2024001405 Bill Date : 26/06/2024

Patient name : Mrs.SAMPATH KUMARI.D DOA : 23/6/2024 12:05AM

Age : 67 Y 7 M 5 D/Female DOD

Entity Type : Insurance

Entity Name : GO DIGIT GENERAL INSURANCE

Consultant Name : Dr. VENKATACHALAM VEERAPPAN TPA : MIDAL HEALTH INSURANCE TPA

PRIVATE LTD

| S.No | Description                 |                 |   | Amount    |
|------|-----------------------------|-----------------|---|-----------|
| 1    | ADMINISTRATION CHARGES      |                 | ₹ | 350.00    |
| 2    | BED CHARGES                 |                 | ₹ | 5,775.00  |
| 3    | BLOOD COMPONENTS            |                 | ₹ | 4,914.00  |
| 4    | DUTY MEDICAL OFFICER CHARGE |                 | ₹ | 1,125.00  |
| 5    | LABORATORY                  |                 | ₹ | 10,873.00 |
| 6    | NURSING CHARGE              |                 | ₹ | 1,200.00  |
| 7    | OTHER ADDITION              |                 | ₹ | 610.00    |
| 8    | PHARMACY CHARGE             |                 | ₹ | 27,598.00 |
| 9    | PROFESSIONAL TEAM FEES      |                 | ₹ | 24,750.00 |
| 10   | RADIOLOGY                   |                 | ₹ | 2,400.00  |
|      |                             | Gross Amount    | ₹ | 79,595.00 |
|      |                             | Sanction Amount | ₹ | 77,095.00 |
|      |                             | Net Payable     | ₹ | 79,595.00 |
|      |                             | Advance Amount  | ₹ | 5,000.00  |
|      |                             | Received Amount | ₹ | 10,480.00 |
|      |                             | Refund Amount   | ₹ | 12,980.00 |

Received Amount in Words : Fifteen Thousand Four Hundred Eighty Only SUDHA.M

**Authorised Signature** 

## **Payment History**

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 6/23/2024    | MMH/MH/RECH202402321 | CASH         | Advance Amount   | 5,000.00        |
| 2    | 6/26/2024    | MMH/MH/REDH202413656 | CHEQUE       | Collected Amount | 10,480.00       |

| Medical Claim                  | Claim No            | Sanction Amount |
|--------------------------------|---------------------|-----------------|
| GO DIGIT GENERAL INSURANCE LTD | MUM-0624-PA-0000870 | 77,095.00       |