## IN PATIENT SUMMARY BILL

UHID : MMH202372493 Bill No : MMH/MH/IP202400184

IP No : IP2024000159 Bill Date : 27/01/2024

Patient name Mrs.SAMPATH KUMARI.D DOA 22/1/2024 12:36PM

Age : 67 Y 2 M 6 D/Female DOD

: Dr.VENKATACHALAM VEERAPPAN

Entity Type : Insurance

Entity Name GO DIGIT GENERAL

INSURANCE LTD

| S.No | Description                 |   | Amount     |
|------|-----------------------------|---|------------|
| 1    | ADMINISTRATION CHARGES      | ₹ | 350.00     |
| 2    | BED CHARGES                 | ₹ | 4,950.00   |
| 3    | DIET CHARGES                | ₹ | 500.00     |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ | 750.00     |
| 5    | LABORATORY                  | ₹ | 5,646.00   |
| 6    | NURSING CHARGE              | ₹ | 800.00     |
| 7    | OTHER ADDITION              | ₹ | 1,646.00   |
| 8    | PHARMACY CHARGE             | ₹ | 109,376.00 |
| 9    | PROFESSIONAL TEAM FEES      | ₹ | 33,000.00  |
| 10   | RADIOLOGY                   | ₹ | 480.00     |
| 11   | ULTRASOUND                  | ₹ | 2,000.00   |

 Gross Amount
 ₹
 159,498.00

 Sanction Amount
 ₹
 153,858.00

 Net Payable
 ₹
 159,498.00

 Advance Amount
 ₹
 5,640.00

 Received Amount
 ₹
 0.00

Received Amount in Words : Five Thousand Six Hundred Forty Only DINESH

Authorised Signature

## **Payment History**

Consultant Name

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 22/01/2024   | MMH/MH/RECH2024002 | CASH         | Advance Amount | 3,000.00        |
| 2    | 23/01/2024   | MMH/MH/RECH2024002 | CASH         | Advance Amount | 2,640.00        |

| Medical Claim                  | Claim No            | Sanction Amount |
|--------------------------------|---------------------|-----------------|
| GO DIGIT GENERAL INSURANCE LTD | MUM-0124-PA-0000601 | 153,858.00      |