

IN PATIENT SUMMARY BILL

UHID	: MMH202372493	Bill No	: MMH/MH/IP202400997
IP No	: IP2024001038	Bill Date	: 08/05/2024
Patient name	: Mrs.SAMPATH KUMARI.D	DOA	: 6/5/2024 1:10PM
Age	: 67 Y 5 M 17 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: GO DIGIT GENERAL INSURANCE
Consultant Name	: Dr.VENKATACHALAM VEERAPPAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 3,529.00
5	NURSING CHARGE	₹ 1,200.00
6	OTHER ADDITION	₹ 8,884.00
7	PHARMACY CHARGE	₹ 127,344.00
8	PROFESSIONAL TEAM FEES	₹ 22,000.00

Gross Amount	₹ 170,732.00
Sanction Amount	₹ 168,277.00
Net Payable	₹ 170,732.00
Advance Amount	₹ 3,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 545.00

Received Amount in Words : Three Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
GO DIGIT GENERAL INSURANCE LTD	MUM-0524-PA-0000191	168,277.00