

IN PATIENT SUMMARY BILL

UHID : MMH202372493
IP No : IP2024001199
Patient name : Mrs.SAMPATH KUMARI.D
Age : 67 Y 6 M 10 D/Female

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

Bill No : MMH/MH/IP202401171
Bill Date : 31/05/2024
DOA : 28/5/2024 6:45AM
DOD :
Entity Type : Insurance
Entity Name : GO DIGIT GENERAL INSURANCE
TPA : GO DIGIT GENERAL INSURANCE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEDURE	₹ 2,000.00
5	LABORATORY	₹ 4,709.00
6	NURSING CHARGE	₹ 800.00
7	OTHER ADDITION	₹ 11,599.97
8	PHARMACY CHARGE	₹ 134,509.03
9	PROFESSIONAL TEAM FEES	₹ 30,800.00
Gross Amount		₹ 189,718.00
Sanction Amount		₹ 188,718.00
Net Payable		₹ 189,718.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,000.00

Received Amount in Words : Three Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
GO DIGIT GENERAL INSURANCE LTD	MUM-0524-PA-0000791	188,718.00