

IN PATIENT SUMMARY BILL

UHID	:	MMH202372499	Bill No	:	MMH/MH/IP202401512
IP No	:	IP2024001522	Bill Date	:	16/07/2024
Patient name	:	Mr.ANANTHAKRISHNAN	DOA	:	8/7/2024 9:48AM
Age	:	66 Y 1 M 2 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.RENGAN.R.S	TPA	:	PARARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 173.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 15,600.00
8	OTHER ADDITION	₹ 19,635.00
9	PHARMACY CHARGE	₹ 13,878.00
10	PROFESSIONAL TEAM FEES	₹ 83,600.00
Gross Amount		₹ 140,186.00
Sanction Amount		₹ 136,620.00
Net Payable		₹ 140,186.00
Advance Amount		₹ 3,566.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Five Hundred Sixty-Six Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MH/RECH202402566	CARD	Advance Amount	3,566.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	6839046	136,620.00