

IN PATIENT SUMMARY BILL

UHID : MHP202300257

IP No : IP2024001181

Patient name : Mr.JOTHY.K.N

Age : 74 Y 1 M 8 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401172

Bill Date : 31/05/2024

DOA : 25/5/2024 12:36PM

DOD :

Entity Type : Insurance

Entity Name : BAJAJ ALLIANZ GENERAL

TPA : BAJAJ ALLIANZ TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,350.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 46,894.00
6	NURSING CHARGE	₹ 3,200.00
7	OTHER ADDITION	₹ 15,459.71
8	PHARMACY CHARGE	₹ 9,389.29
9	PROFESSIONAL TEAM FEES	₹ 16,500.00
10	RADIOLOGY	₹ 17,600.00
Gross Amount		₹ 129,743.00
Sanction Amount		₹ 111,620.00
Net Payable		₹ 129,743.00
Advance Amount		₹ 18,123.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand One Hundred
Twenty-Three Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	3,000.00
2	28/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	15,123.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	6761423	111,620.00