IN PATIENT SUMMARY BILL

UHID : MMH202372673 Bill No : MMH/MH/IP202400027

IP No : IP2023002847 Bill Date : 03/01/2024

Patient name : Mrs.AMSA U DOA : 30/12/2023 11:40AM

Age : 33 Y 7 M 1 D/Female DOD

Entity Type : Insurance

Entity Name : FUTURE GENERALI INDIA

Consultant Name : Dr.T.PALANIAPPAN TPA : INSURANGENERMPANY

INSURANCE

| S.No | Description | | Amount |
|------|-----------------------------|---|-----------|
| 1 | ADMINISTRATION CHARGES | ₹ | 350.00 |
| 2 | BED CHARGES | ₹ | 8,250.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ | 2,100.00 |
| 4 | EQUIPMENT | ₹ | 5,000.00 |
| 5 | INJECTION CHARGES | ₹ | 200.00 |
| 6 | LABORATORY | ₹ | 11,892.00 |
| 7 | NURSING CHARGE | ₹ | 2,250.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ | 8,250.00 |
| 9 | OTHER ADDITION | ₹ | 40,395.00 |
| 10 | PHARMACY CHARGE | ₹ | 20,626.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ | 27,500.00 |
| 12 | RADIOLOGY | ₹ | 1,140.00 |

 Gross Amount
 ₹
 127,953.00

 Sanction Amount
 ₹
 126,403.00

 Net Payable
 ₹
 127,953.00

 Advance Amount
 ₹
 1,550.00

 Received Amount
 ₹
 0.00

Received Amount in Words : One Thousand Five Hundred Fifty Only KARTHIK C

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1 | 02/01/2024 | MMH/MH/RECH2024000 | CARD | Advance Amount | 1,550.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|------------------------|-----------------|
| FUTURE GENERALI INDIA INSURANCE | 13-NFGH-23-3-432526-01 | 126,403.00 |
| COMPANY LTD | | |