

IN PATIENT SUMMARY BILL

UHID : MHC202400381

IP No : IPC2024000015

Patient name : Child.SASHTIKA P

Age : 8 Y 0 M 2 D/Female

Consultant Name : Dr.HUMAYOON

Bill No : MMH/CM/IP202400018

Bill Date : 05/01/2024

DOA : 3/1/2024 11:52AM

DOD :

Entity Type : Insurance

Entity Name : RELIANCE GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,625.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,250.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 4,880.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 625.00
8	OTHER ADDITION	₹ 1,730.00
9	PHARMACY CHARGE	₹ 3,435.00
10	PROFESSIONAL TEAM FEES	₹ 2,250.00
11	RADIOLOGY	₹ 420.00
Gross Amount		₹ 19,765.00
Sanction Amount		₹ 17,237.00
Net Payable		₹ 19,765.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 472.00

Received Amount in Words : Three Thousand Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	102240000701-01	17,237.00