

IN PATIENT SUMMARY BILL

UHID	: MHC202400761	Bill No	: MMH/CM/IP202400047
IP No	: IPC2024000041	Bill Date	: 07/01/2024
Patient name	: Child.KOJANNA K L	DOA	: 5/1/2024 1:07PM
Age	: 4 Y 0 M 2 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: FUTURE GENERALI INDIA
Consultant Name	: Dr.ARAVINDH RAJHA P.S(PAEDITRICS)	TPA	: INSURANCE COMPANY LTD

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	₹ 1,920.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 625.00
8	OTHER ADDITION	₹ 1,100.00
9	PHARMACY CHARGE	₹ 1,261.00
10	PROFESSIONAL TEAM FEES	₹ 2,250.00
Gross Amount		₹ 13,581.00
Sanction Amount		₹ 11,438.00
Net Payable		₹ 13,581.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 857.00

Received Amount in Words : Three Thousand Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
FUTURE GENERALI INDIA INSURANCE COMPANY LTD	6505704	11,438.00