

IN PATIENT SUMMARY BILL

UHID : MHI202481651

IP No : IPH2024000359

Patient name : Mr.RUDHRAMOORTHY S

Age : 70 Y 8 M 18 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400398

Bill Date : 21/02/2024

DOA : 14/2/2024 7:17PM

DOD :

Entity Type : Insurance

Entity Name : NATIONAL INSURANCE COMPANY LTD

S.No	Description	Amount
1	EQUIPMENT	₹ 1,000.00
2	GENERAL PROCEDURE	₹ 2,547.00
3	IMPLANT	₹ 589,474.00
4	LABORATORY	₹ 6,442.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	PHARMACY CHARGE	₹ 38,399.00
7	RADIOLOGY	₹ 3,612.00
Gross Amount		₹ 641,674.00
Sanction Amount		₹ 495,318.00
Net Payable		₹ 641,674.00
Advance Amount		₹ 146,356.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Forty-Six Thousand Three Hundred Fifty-Six Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	100,000.00
2	19/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	46,356.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	119453647	495,318.00