

IN PATIENT SUMMARY BILL

UHID : MHI202481661

IP No : IPH2024000127

Patient name : Mrs.PANKAJAM MANI

Age : 60 Y 2 M 19 D/Female

Bill No : MMH/HM/IPH202400160

Bill Date : 24/01/2024

DOA : 17/1/2024 10:51AM

DOD :

Entity Type : Insurance

Entity Name : ACKO HEALTH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 28,750.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 19,700.00
7	GENERAL PROCEDURE	₹ 1,200.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 22,891.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 38,500.00
14	PHARMACY CHARGE	₹ 78,895.00
15	PHYSIOTHERAPY	₹ 9,800.00
16	PROFESSIONAL TEAM FEES	₹ 82,500.00
17	RADIOLOGY	₹ 4,308.00
18	SURGICAL PACKAGE-HEART	₹ 7,069.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 323,935.00
Sanction Amount		₹ 292,867.00
Net Payable		₹ 323,935.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 43,932.00

Received Amount in Words : Seventy-Five Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	75,000.00

Medical Claim	Claim No	Sanction Amount
ACKO HEALTH	24011101163	292,867.00