

IN PATIENT SUMMARY BILL

UHID : MHC202401316

IP No : IPC2024000068

Patient name : Child.SIVANI.M

Age : 3 Y 0 M 3 D/Female

Bill No : MMH/CM/IP202400072

Bill Date : 11/01/2024

DOA : 8/1/2024 11:17PM

DOD :

Entity Type : Insurance

Entity Name : ICICI LOMBARD

TPA : ICICI LOMBARD TPA PVT LTD

Consultant Name : Dr.ARAVINDH RAJHA P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 5,550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 750.00
7	OTHER ADDITION	₹ 1,700.00
8	PHARMACY CHARGE	₹ 1,621.00
9	PROFESSIONAL TEAM FEES	₹ 2,250.00
Gross Amount		₹ 13,921.00
Sanction Amount		₹ 9,194.00
Net Payable		₹ 13,921.00
Advance Amount		₹ 4,727.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Seven Hundred Twenty-Seven Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	3,000.00
2	11/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	1,727.00

Medical Claim	Claim No	Sanction Amount
ICICI LOMBARD INSURANCE	6510630	9,194.00