

IN PATIENT SUMMARY BILL

UHID : MHI202481719

IP No : IPH2024000122

Patient name : Mr.GANESHBABU D

Age : 58 Y 4 M 6 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400166

Bill Date : 25/01/2024

DOA : 16/1/2024 10:49AM

DOD :

Entity Type : Insurance

Entity Name : RELIANCE GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 17,800.00
7	GENERAL PROCEDURE	₹ 4,700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 21,325.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 38,000.00
14	PHARMACY CHARGE	₹ 75,785.00
15	PHYSIOTHERAPY	₹ 6,300.00
16	PROFESSIONAL TEAM FEES	₹ 35,000.00
17	RADIOLOGY	₹ 4,308.00
18	SURGICAL PACKAGE-HEART	₹ 3,698.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 260,838.00
Sanction Amount		₹ 243,246.00
Net Payable		₹ 260,838.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 7,408.00

Received Amount in Words : Twenty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	102240002281	243,246.00