

IN PATIENT SUMMARY BILL

UHID	: MHI202481816	Bill No	: MMH/HM/IPH202400193
IP No	: IPH2024000160	Bill Date	: 29/01/2024
Patient name	: Mr.GUNASEKAR K	DOA	: 22/1/2024 11:19AM
Age	: 55 Y 3 M 20 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: ADITHIYA BRILA INSURANCE
Consultant Name	: Dr.RAJESH.V		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,600.00
6	EQUIPMENT	₹ 9,250.00
7	GENERAL PROCEDURE	₹ 5,249.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 15,577.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 22,350.00
14	PHARMACY CHARGE	₹ 81,333.00
15	PHYSIOTHERAPY	₹ 2,700.00
16	PROFESSIONAL TEAM FEES	₹ 110,000.00
17	RADIOLOGY	₹ 4,308.00
18	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 299,289.00
Sanction Amount		₹ 176,917.00
Net Payable		₹ 299,289.00
Advance Amount		₹ 122,372.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty-Two Thousand Three Hundred Seventy-Two Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	50,000.00
2	22/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	50,000.00
3	27/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	22,372.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	118838854	176,917.00