

IN PATIENT SUMMARY BILL

UHID	: MHI202482077	Bill No	: MMH/HM/IPH202400353
IP No	: IPH2024000351	Bill Date	: 16/02/2024
Patient name	: Mrs.ABIRAMI	DOA	: 14/2/2024 1:24PM
Age	: 47 Y 2 M 30 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: BAJAJ ALLIANZ GENERAL INSURANCE
Consultant Name	: Dr.G. GNANAVELU		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 25,226.00
7	IMPLANT	₹ 50,751.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 1,920.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 23,495.00
14	PROFESSIONAL TEAM FEES	₹ 40,000.00
15	RADIOLOGY	₹ 960.00

Gross Amount	₹ 165,052.00
Sanction Amount	₹ 116,505.00
Net Payable	₹ 165,052.00
Advance Amount	₹ 50,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 1,453.00

Received Amount in Words : Fifty Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	CHE-0224-PA-0001208	116,505.00