IN PATIENT SUMMARY BILL

UHID : MHI202482211 Bill No : MMH/HM/IPH202400328

IP No : IPH2024000283 Bill Date : 13/02/2024

Patient name Mrs.DEVILA K BHATT DOA : 7/2/2024 1:20AM

Age : 77 Y 5 M 1 D/Female DOD

Entity Type : Insurance

Entity Name : NATIONAL INSURANCE

Consultant Name : Dr.G. GNANAVELU TPA : GOMPANINSURANCE TPA

LTD

| S.No | Description | Amoun |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 27,500.00 |
| 3 | DIET CHARGES | ₹ 5,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,000.00 |
| 5 | EQUIPMENT | ₹ 10,000.00 |
| 6 | GENERAL PROCEDURE | ₹ 2,450.00 |
| 7 | INJECTION CHARGES | ₹ 200.00 |
| 8 | LABORATORY | ₹ 17,537.00 |
| 9 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 10 | NURSING CHARGE | ₹ 4,000.00 |
| 11 | OP REGISTRATION | ₹ 150.00 |
| 12 | OPERATION THEATRE CHARGES | ₹ 9,500.00 |
| 13 | PHARMACY CHARGE | ₹ 13,446.00 |
| 14 | PROFESSIONAL TEAM FEES | ₹ 47,000.00 |
| 15 | RADIOLOGY | ₹ 30,000.00 |
| | | |

 Gross Amount
 ₹
 172,083.00

 Sanction Amount
 ₹
 154,919.00

 Net Payable
 ₹
 172,083.00

 Advance Amount
 ₹
 17,164.00

 Received Amount
 ₹
 0.00

Received Amount in Words : Seventeen Thousand One Hundred Sixty-Four PRAVEEN KUMAR

Only Authorised Signature

Payment History

| S.I | No Receipt Date | Receipt Code | Payment Mode | e Trans. Type | Received Amount |
|-----|-----------------|-----------------|--------------|----------------|-----------------|
| 1 | 07/02/2024 | MMH/HM/RECAP202 | 24003 UPI | Advance Amount | 15,000.00 |
| 2 | 12/02/2024 | MMH/HM/RECAP202 | 24003 CASH | Advance Amount | 2,164.00 |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|--------------------------|-----------------|
| NATIONAL INSURANCE COMPANY LTD | 231300328229/23130033382 | 154,919.00 |