

IN PATIENT SUMMARY BILL

UHID	: MHI202482211	Bill No	: MMH/HM/IPH202400969
IP No	: IPH2024000945	Bill Date	: 25/04/2024
Patient name	: Mrs.DEVILA K BHATT	DOA	: 20/4/2024 12:01PM
Age	: 77 Y 7 M 12 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.G. GNANAVELU	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,200.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 5,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	IP REGISTRATION	₹ 200.00
8	LABORATORY	₹ 8,849.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,200.00
11	PHARMACY CHARGE	₹ 17,063.00
12	PROFESSIONAL TEAM FEES	₹ 25,000.00
Gross Amount		₹ 87,412.00
Sanction Amount		₹ 64,881.00
Net Payable		₹ 87,412.00
Advance Amount		₹ 22,531.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Two Thousand Five Hundred Thirty-One Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	20,000.00
2	24/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	2,531.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	241300025175	64,881.00