

IN PATIENT SUMMARY BILL

UHID : MMH202474603

IP No : IP2024001349

Patient name : Dr.ASHWINI

Age : 29 Y 10 M 23 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401323

Bill Date : 22/06/2024

DOA : 17/6/2024 11:31AM

DOD :

Entity Type : Insurance

Entity Name : NIVA BUPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 30,294.00
6	NURSING CHARGE	₹ 2,400.00
7	OTHER ADDITION	₹ 2,387.00
8	PHARMACY CHARGE	₹ 7,139.45
9	PROFESSIONAL TEAM FEES	₹ 10,450.00
10	RADIOLOGY	₹ 4,880.00
Gross Amount		₹ 74,750.45
Sanction Amount		₹ 74,749.00
Net Payable		₹ 74,750.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,999.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/17/2024	MMH/MH/RECH202402214	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
NIVA BUPA	18583701	74,749.00