

IN PATIENT SUMMARY BILL

UHID	: MHM202404260	Bill No	: MMH/MH/IP202400729
IP No	: IP2024000764	Bill Date	: 04/04/2024
Patient name	: Mr.YOGESHWARAN N	DOA	: 2/4/2024 10:14AM
Age	: 56 Y 7 M 20 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: BAJAJ ALLIANZ GENERAL
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: MEDIANEST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 1,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 14,272.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 9,000.00
9	OTHER ADDITION	₹ 6,032.00
10	PHARMACY CHARGE	₹ 17,521.00
11	PROFESSIONAL TEAM FEES	₹ 48,400.00

Gross Amount	₹ 111,950.00
Sanction Amount	₹ 105,250.00
Net Payable	₹ 111,950.00
Advance Amount	₹ 6,700.00
Received Amount	₹ 0.00

Received Amount in Words : Six Thousand Seven Hundred Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/04/2024	MMH/MH/RECH20240114	CARD	Advance Amount	5,000.00
2	04/04/2024	MMH/MH/RECH20240123	CARD	Advance Amount	1,700.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	120783665	105,250.00