

IN PATIENT SUMMARY BILL

UHID : MMH202475407

IP No : IP2024000758

Patient name : Mr.JAYARAMAN KRISHNAMOORTHY

Age : 76 Y 1 M 28 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400800

Bill Date : 12/04/2024

DOA : 1/4/2024 12:10PM

DOD :

Entity Type : Insurance

Entity Name : ADITHIYA BRILA INSURANCE

TPA : MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 80,850.00
3	DIET CHARGES	₹ 6,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 12,000.00
6	GENERAL PROCEDURE	₹ 2,450.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 24,000.00
9	LABORATORY	₹ 66,291.00
10	NURSING CHARGE	₹ 18,400.00
11	OPERATION THEATRE CHARGES	₹ 7,000.00
12	OTHER ADDITION	₹ 113,280.00
13	PHARMACY CHARGE	₹ 168,927.00
14	PHYSIOTHERAPY	₹ 10,700.00
15	PROFESSIONAL TEAM FEES	₹ 57,750.00
16	RADIOLOGY	₹ 37,646.00
17	TRANSPORT	₹ 7,500.00
Gross Amount		₹ 616,194.00
Sanction Amount		₹ 539,874.00
Net Payable		₹ 616,194.00
Advance Amount		₹ 76,320.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Six Thousand Three Hundred Twenty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/MH/RECH2024011'	CARD	Advance Amount	20,000.00
2	01/04/2024	MMH/MH/RECH2024011'	UPI	Advance Amount	100.00
3	11/04/2024	MMH/MH/RECH2024013:	CARD	Advance Amount	46,720.00
4	12/04/2024	MMH/MH/RECH2024013:	CARD	Advance Amount	9,500.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	37307814	539,874.00