

IN PATIENT SUMMARY BILL

UHID	: MMH202475411	Bill No	: MMH/MH/IP202400759
IP No	: IP2024000759	Bill Date	: 08/04/2024
Patient name	: Mr.PASUMAIAKUMAR R	DOA	: 1/4/2024 1:35PM
Age	: 65 Y 0 M 9 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: GO DIGIT GENERAL INSURANCE
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: GO DIGIT GENERAL INSURANCE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DIET CHARGES	₹ 2,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 600.00
6	LABORATORY	₹ 45,554.00
7	NURSING CHARGE	₹ 5,600.00
8	OTHER ADDITION	₹ 32,585.00
9	PHARMACY CHARGE	₹ 11,501.00
10	PROFESSIONAL TEAM FEES	₹ 14,850.00
11	RADIOLOGY	₹ 57,680.00

Gross Amount	₹ 184,370.00
Sanction Amount	₹ 160,038.00
Net Payable	₹ 184,370.00
Advance Amount	₹ 24,332.00
Received Amount	₹ 0.00

Received Amount in Words	: Twenty-Four Thousand Three Hundred Thirty-Two Only	KARTHIK C Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/MH/RECH20240114	CARD	Advance Amount	5,000.00
2	09/04/2024	MMH/MH/RECH20240130	CARD	Advance Amount	19,332.00

Medical Claim	Claim No	Sanction Amount
GO DIGIT GENERAL INSURANCE LTD	8900080347533	160,038.00