

IN PATIENT SUMMARY BILL

UHID	: MMH202475471	Bill No	: MMH/MH/IP202400818
IP No	: IP2024000777	Bill Date	: 15/04/2024
Patient name	: Mrs.NABISHA BEGUM M	DOA	: 3/4/2024 2:32PM
Age	: 47 Y 10 M 5 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: ADITHIYA BRILA INSURANCE
Consultant Name	: Dr.SAKTHIDEVI.R	TPA	: MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 15,379.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 5,560.00
8	PHARMACY CHARGE	₹ 5,044.00
9	PROFESSIONAL TEAM FEES	₹ 6,050.00
10	RADIOLOGY	₹ 6,200.00
Gross Amount		₹ 52,283.00
Sanction Amount		₹ 48,307.00
Net Payable		₹ 52,283.00
Advance Amount		₹ 3,976.00
Received Amount		₹ 0.00

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

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	3,000.00
2	05/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	976.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	120873954	48,307.00