

IN PATIENT SUMMARY BILL

UHID	: MMH202475500	Bill No	: MMH/MH/IP202400739
IP No	: IP2024000789	Bill Date	: 05/04/2024
Patient name	: Mrs.LAKSHMI PRIYA S.K	DOA	: 4/4/2024 1:07PM
Age	: 48 Y 10 M 11 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: SBI GENREAL INSURANCE
Consultant Name	: Dr.RENGAN.R.S	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 7,850.00
9	OTHER ADDITION	₹ 2,850.00
10	PHARMACY CHARGE	₹ 8,854.00
11	PROFESSIONAL TEAM FEES	₹ 66,000.00
Gross Amount		₹ 93,354.00
Sanction Amount		₹ 88,810.00
Net Payable		₹ 93,354.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 456.00

Received Amount in Words : Five Thousand Only

DINESH  
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	5,000.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	CHE-0424-PA-0000326	88,810.00