

IN PATIENT SUMMARY BILL

UHID : MMH202475564

IP No : IP2024000819

Patient name : Mrs.VIJAYALAKSHMI R

Age : 70 Y 0 M 16 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400879

Bill Date : 23/04/2024

DOA : 7/4/2024 4:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 44,250.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 4,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,750.00
6	EQUIPMENT	₹ 36,800.00
7	GENERAL PROCEDURE	₹ 1,900.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 3,000.00
10	LABORATORY	₹ 30,389.00
11	NURSING CHARGE	₹ 9,200.00
12	OPERATION THEATRE CHARGES	₹ 25,200.00
13	OTHER ADDITION	₹ 59,136.00
14	PHARMACY CHARGE	₹ 67,356.00
15	PHYSIOTHERAPY	₹ 6,200.00
16	PROFESSIONAL TEAM FEES	₹ 68,200.00
17	RADIOLOGY	₹ 39,200.00

Gross Amount	₹ 403,631.00
Sanction Amount	₹ 381,481.00
Net Payable	₹ 403,631.00
Advance Amount	₹ 15,280.00
Received Amount	₹ 6,870.00

Received Amount in Words : Twenty-Two Thousand One Hundred Fifty Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	10,000.00
2	17/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	5,280.00
3	23/04/2024	MMH/MH/REDH2024085	CHEQUE	Collected Amount	6,870.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	CHE-0424-PA-0000855	381,481.00