

IN PATIENT SUMMARY BILL

UHID	: MMH202475614	Bill No	: MMH/MH/IP202401142
IP No	: IP2024001085	Bill Date	: 27/05/2024
Patient name	: Mr.SURYANARAYANAN M	DOA	: 12/5/2024 6:28AM
Age	: 77 Y 8 M 11 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY LTD
Consultant Name	: Dr.T.PALANIAPPAN		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 82,200.00
3	DIET CHARGES	₹ 8,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 36,300.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INTENSIVIST CHARGES	₹ 21,000.00
8	LABORATORY	₹ 92,027.00
9	NURSING CHARGE	₹ 18,800.00
10	OPERATION THEATRE CHARGES	₹ 8,500.00
11	OTHER ADDITION	₹ 47,015.00
12	PHARMACY CHARGE	₹ 158,328.00
13	PHYSIOTHERAPY	₹ 12,300.00
14	PROFESSIONAL TEAM FEES	₹ 68,750.00
15	RADIOLOGY	₹ 16,560.00
Gross Amount		₹ 576,630.00
Sanction Amount		₹ 440,543.00
Net Payable		₹ 576,630.00
Advance Amount		₹ 110,000.00
Received Amount		₹ 26,087.00

Received Amount in Words : One Lakh Thirty-Six Thousand Eighty-Seven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	10,000.00
2	25/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	100,000.00
3	27/05/2024	MMH/MH/REDH2024113	CHEQUE	Collected Amount	26,087.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	37893228	440,543.00