

IN PATIENT SUMMARY BILL

UHID : MHC202413549
IP No : IP2024000861
Patient name : Mr.KARUNANIDHI
Age : 68 Y 0 M 11 D/Male

Bill No : MMH/MH/IP202400875
Bill Date : 23/04/2024
DOA : 12/4/2024 6:58PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 55,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 93,000.00
4	DIET CHARGES	₹ 5,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
6	EQUIPMENT	₹ 16,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 21,000.00
9	LABORATORY	₹ 63,424.00
10	NURSING CHARGE	₹ 14,800.00
11	OTHER ADDITION	₹ 62,815.00
12	PHARMACY CHARGE	₹ 175,059.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 47,300.00
15	RADIOLOGY	₹ 10,370.00

Gross Amount	₹ 566,318.00
Sanction Amount	₹ 350,756.00
Net Payable	₹ 566,318.00
Advance Amount	₹ 220,000.00
Received Amount	₹ 49,581.00
Refund Amount	₹ 54,019.00

Received Amount in Words : Two Lakh Sixty-Nine Thousand Five Hundred Eighty-One Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	20,000.00
2	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	100,000.00
3	14/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	50,000.00
4	14/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	50,000.00
5	23/04/2024	MMH/MH/REDH2024085	CHEQUE	Collected Amount	49,581.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	37586443/37471179	350,756.00