

IN PATIENT SUMMARY BILL

UHID : MMH202475711

IP No : IP2024001291

Patient name : Mrs.LALITHA A

Age : 60 Y 2 M 2 D/Female

Consultant Name : Dr.SREEVIDYA.J

Bill No : MMH/MH/IP202401267

Bill Date : 14/06/2024

DOA : 7/6/2024 9:30PM

DOD :

Entity Type : Insurance

Entity Name : LIBERTY GENERAL INSURANCE

TPA : MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 1,000.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 6,702.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 15,000.00
10	OTHER ADDITION	₹ 7,658.00
11	PHARMACY CHARGE	₹ 23,061.00
12	PROFESSIONAL TEAM FEES	₹ 79,200.00
Gross Amount		₹ 147,021.00
Sanction Amount		₹ 63,421.00
Net Payable		₹ 147,021.00
Advance Amount		₹ 83,600.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Three Thousand Six Hundred Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402122	CARD	Advance Amount	5,000.00
2	6/10/2024	MMH/MH/RECH202402149	CARD	Advance Amount	36,800.00
3	6/10/2024	MMH/MH/RECH202402150	CASH	Advance Amount	14,000.00
4	6/10/2024	MMH/MH/RECH202402151	UPI	Advance Amount	27,800.00

Medical Claim	Claim No	Sanction Amount
LIBERTY GENERAL INSURANCE	122143349	63,421.00