

IN PATIENT SUMMARY BILL

UHID : MMH202475719

IP No : IP2024000863

Patient name : Mr.RAMACHANDRAN K

Age : 70 Y 10 M 13 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202400819

Bill Date : 15/04/2024

DOA : 13/4/2024 9:53AM

DOD :

Entity Type : Insurance

Entity Name : FUTURE GENERALI INDIA INSURANCE COMPANY LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 346.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 7,350.00
9	OTHER ADDITION	₹ 1,023.00
10	PHARMACY CHARGE	₹ 14,581.00
11	PROFESSIONAL TEAM FEES	₹ 104,500.00
Gross Amount		₹ 134,600.00
Sanction Amount		₹ 35,000.00
Net Payable		₹ 134,600.00
Advance Amount		₹ 99,600.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Nine Thousand Six Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	3,000.00
2	14/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	96,600.00

Medical Claim	Claim No	Sanction Amount
FUTURE GENERALI INDIA INSURANCE COMPANY LTD	2J-FGH-24-3-500404-01	35,000.00