

IN PATIENT SUMMARY BILL

UHID : MMH202475734  
IP No : IP2024000872  
Patient name : Mrs.CHITRALEKHA S  
Age : 52 Y 0 M 20 D/Female

Bill No : MMH/MH/IP202400863  
Bill Date : 22/04/2024  
DOA : 14/4/2024 3:00PM  
DOD :  
Entity Type : Insurance  
Entity Name : NOT CONFIRMED

Consultant Name : Dr.UMA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	GENERAL PROCEDURE	₹ 1,400.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 12,964.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 13,250.00
11	PHARMACY CHARGE	₹ 36,650.00
12	PROFESSIONAL TEAM FEES	₹ 102,300.00
13	RADIOLOGY	₹ 15,250.00
Gross Amount		₹ 215,114.00
Sanction Amount		₹ 131,161.00
Net Payable		₹ 215,114.00
Advance Amount		₹ 83,953.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Three Thousand Nine Hundred  
Fifty-Three Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	70,000.00
2	19/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	13,953.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	121087780	131,161.00