

IN PATIENT SUMMARY BILL

UHID : MMH202475919

IP No : IP2024000912

Patient name : Mr.PRANAV P S

Age : 25 Y 7 M 22 D/Male

Bill No : MMH/MH/IP202400877

Bill Date : 23/04/2024

DOA : 20/4/2024 12:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAYAN.J

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 9,775.00 |
| 3 | DIET CHARGES | ₹ 2,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00 |
| 5 | EQUIPMENT | ₹ 800.00 |
| 6 | INJECTION CHARGES | ₹ 200.00 |
| 7 | LABORATORY | ₹ 12,896.00 |
| 8 | NURSING CHARGE | ₹ 2,000.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 10,050.00 |
| 10 | OTHER ADDITION | ₹ 6,365.00 |
| 11 | PHARMACY CHARGE | ₹ 15,096.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 39,600.00 |
| 13 | RADIOLOGY | ₹ 3,140.00 |
| Gross Amount | | ₹ 104,147.00 |
| Sanction Amount | | ₹ 88,899.00 |
| Net Payable | | ₹ 104,147.00 |
| Advance Amount | | ₹ 15,248.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Fifteen Thousand Two Hundred Forty-Eight Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1 | 22/04/2024 | MMH/MH/RECH2024014 | CARD | Advance Amount | 5,248.00 |
| 2 | 23/04/2024 | MMH/MH/RECH2024014 | UPI | Advance Amount | 10,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|----------------------------------|-------------------------|-----------------|
| STAR HEALTH AND ALLIED INSURANCE | CIR/2025/111116/0098703 | 88,899.00 |