

IN PATIENT SUMMARY BILL

UHID : MMH202475947

IP No : IP2024000905

Patient name : Master.KRITHAN SAI.M

Age : 6 Y 9 M 30 D/Male

Bill No : MMH/MH/IP202400867

Bill Date : 22/04/2024

DOA : 18/4/2024 10:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,714.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 12,800.00
8	PHARMACY CHARGE	₹ 12,173.00
9	PROFESSIONAL TEAM FEES	₹ 36,300.00
10	RADIOLOGY	₹ 10,798.00
Gross Amount		₹ 85,835.00
Sanction Amount		₹ 84,402.00
Net Payable		₹ 85,835.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 23,567.00

Received Amount in Words : Twenty-Five Thousand Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	BLR-0424-AP-0005967	84,402.00