

IN PATIENT SUMMARY BILL

UHID : MMH202476004

IP No : IP2024000918

Patient name : Mr.PARTHIBAN K

Age : 29 Y 0 M 4 D/Male

Consultant Name : Dr.SAKTHIDEVI.R

Bill No : MMH/MH/IP202400892

Bill Date : 25/04/2024

DOA : 21/4/2024 1:24PM

DOD :

Entity Type : Insurance

Entity Name : RELIAGRE HEALTH INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 900.00
6	LABORATORY	₹ 26,108.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 6,358.00
9	PHARMACY CHARGE	₹ 4,299.00
10	PROFESSIONAL TEAM FEES	₹ 13,750.00
11	RADIOLOGY	₹ 11,480.00
Gross Amount		₹ 76,645.00
Sanction Amount		₹ 74,635.00
Net Payable		₹ 76,645.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 990.00

Received Amount in Words : Three Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
RELIAGRE HEALTH INSURANCE	81322604	74,635.00