

IN PATIENT SUMMARY BILL

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|-----------------|-------------------------|-------------|---|
| UHID | : MMH202476238 | Bill No | : MMH/MH/IP202401024 |
| IP No | : IP2024000969 | Bill Date | : 12/05/2024 |
| Patient name | : Mrs.VANITHA LAKSHMI V | DOA | : 27/4/2024 10:01AM |
| Age | : 67 Y 2 M 26 D/Female | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : SBI GENREAL INSURANCE |
| Consultant Name | : Dr.RENGAN.R.S | TPA | : VIDAL HEALTH INSURANCE TPA PRIVATE LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 14,700.00 |
| 3 | DIET CHARGES | ₹ 3,550.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,625.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | LABORATORY | ₹ 1,730.00 |
| 7 | NURSING CHARGE | ₹ 2,800.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 2,850.00 |
| 9 | OTHER ADDITION | ₹ 3,611.00 |
| 10 | PHARMACY CHARGE | ₹ 19,307.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 68,200.00 |
| Gross Amount | | ₹ 120,223.00 |
| Sanction Amount | | ₹ 81,041.00 |
| Net Payable | | ₹ 120,223.00 |
| Advance Amount | | ₹ 39,182.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Thirty-Nine Thousand One Hundred
Eighty-Two Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1 | 27/04/2024 | MMH/MH/RECH2024015 | CARD | Advance Amount | 3,000.00 |
| 2 | 30/04/2024 | MMH/MH/RECH2024015 | CARD | Advance Amount | 36,182.00 |

| Medical Claim | Claim No | Sanction Amount |
|-----------------------|---------------------|-----------------|
| SBI GENREAL INSURANCE | CHE-0424-PA-0003097 | 81,041.00 |