

IN PATIENT SUMMARY BILL

UHID : MMH202476475

IP No : IP2024001041

Patient name : Mr.SOUNDRARAJAN M K

Age : 72 Y 0 M 23 D/Male

Bill No : MMH/MH/IP202401138

Bill Date : 27/05/2024

DOA : 6/5/2024 2:01PM

DOD :

Entity Type : Insurance

Entity Name : NOT CONFIRMED

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,950.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 948.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 13,500.00
9	OTHER ADDITION	₹ 2,035.00
10	PHARMACY CHARGE	₹ 69,063.00
11	PROFESSIONAL TEAM FEES	₹ 26,000.00
12	RADIOLOGY	₹ 792.00
Gross Amount		₹ 123,438.00
Sanction Amount		₹ 74,298.00
Net Payable		₹ 123,438.00
Advance Amount		₹ 49,140.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Nine Thousand One Hundred Forty Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	1,300.00
2	06/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	1,700.00
3	08/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	46,140.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	CIR/2025/111116/0180115	74,298.00