

IN PATIENT SUMMARY BILL

UHID	: MHP202400742	Bill No	: MMH/MH/IP202401080
IP No	: IP2024001054	Bill Date	: 20/05/2024
Patient name	: Mr.ANNAMALAI M	DOA	: 8/5/2024 4:38PM
Age	: 87 Y 11 M 17 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.SUPRAJA K	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,850.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 24,000.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 29,324.00
9	NURSING CHARGE	₹ 6,400.00
10	PHARMACY CHARGE	₹ 19,019.00
11	PHYSIOTHERAPY	₹ 3,300.00
12	PROFESSIONAL TEAM FEES	₹ 19,250.00
13	RADIOLOGY	₹ 36,384.00
Gross Amount		₹ 181,127.00
Sanction Amount		₹ 173,016.00
Net Payable		₹ 181,127.00
Advance Amount		₹ 26,535.00
Received Amount		₹ 0.00
Amount Payable		₹ 154,592.00

Received Amount in Words : Twenty-Six Thousand Five Hundred
Thirty-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	3,000.00
2	13/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	23,535.00