IN PATIENT SUMMARY BILL

UHID : MMH202476919 Bill No : MMH/MH/IP202401077

IP No : IP2024001097 Bill Date : 19/05/2024

Patient name : Mrs.VIJAYALAKSHMI S DOA : 13/5/2024 6:09PM

Age : 48 Y 8 M 14 D/Female DOD

Entity Type : Insurance Entity Name : NIVA BUPA

Consultant Name : Dr. VENKATACHALAM VEERAPPAN

| S.No | Description | | Amount |
|------|-----------------------------|---|------------|
| 1 | ADMINISTRATION CHARGES | ₹ | 350.00 |
| 2 | BED CHARGES | ₹ | 5,500.00 |
| 3 | DIET CHARGES | ₹ | 2,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ | 3,750.00 |
| 5 | GENERAL PROCEDURE | ₹ | 950.00 |
| 6 | INJECTION CHARGES | ₹ | 680.00 |
| 7 | LABORATORY | ₹ | 9,536.00 |
| 8 | MISCELLANEOUS | ₹ | 110.00 |
| 9 | NURSING CHARGE | ₹ | 4,000.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ | 39,050.00 |
| 11 | OTHER ADDITION | ₹ | 22,393.00 |
| 12 | PHARMACY CHARGE | ₹ | 31,939.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ | 136,400.00 |

 Gross Amount
 ₹
 257,158.00

 Sanction Amount
 ₹
 223,927.00

 Net Payable
 ₹
 257,158.00

 Advance Amount
 ₹
 33,231.00

 Received Amount
 ₹
 0.00

Received Amount in Words : Thirty-Three Thousand Two Hundred KARTHIK C
Thirty-One Only Authorised Signature

Payment History

| 1 | | | | | | |
|---|------|--------------|---------------------|--------------|----------------|-----------------|
| | S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
| | 1 | 19/05/2024 | MMH/MH/RECH2024018(| UPI | Advance Amount | 10,000.00 |
| | 2 | 19/05/2024 | MMH/MH/RECH20240180 | UPI | Advance Amount | 231.00 |
| | 3 | 19/05/2024 | MMH/MH/RECH20240180 | CASH | Advance Amount | 23,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------|----------|-----------------|
| NIVA BUPA | 884950 | 223,927.00 |