

IN PATIENT SUMMARY BILL

UHID	: MHC202416918	Bill No	: MMH/MH/IP202401202
IP No	: IP2024001235	Bill Date	: 05/06/2024
Patient name	: Mr.SHAHUL HAMEED M	DOA	: 2/6/2024 5:35AM
Age	: 40 Y 0 M 18 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: ADITHIYA BRILA INSURANCE
Consultant Name	: Dr.GOWRI SHANKAR.M	TPA	: MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 3,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,333.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 17,050.00
9	OTHER ADDITION	₹ 9,511.00
10	PHARMACY CHARGE	₹ 16,596.00
11	PROFESSIONAL TEAM FEES	₹ 68,200.00
Gross Amount		₹ 127,490.00
Sanction Amount		₹ 110,250.00
Net Payable		₹ 127,490.00
Advance Amount		₹ 17,240.00
Received Amount		₹ 0.00

Received Amount in Words : Seventeen Thousand Two Hundred Forty Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/06/2024	MMH/MH/RECH2024020	CARD	Advance Amount	17,240.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	122005677	110,250.00