

IN PATIENT SUMMARY BILL

UHID	:	MMH202477209	Bill No	:	MMH/MH/IP202401240
IP No	:	IP2024001280	Bill Date	:	10/06/2024
Patient name	:	Mrs.SUREKHA G	DOA	:	6/6/2024 12:37PM
Age	:	66 Y 8 M 28 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	EMDL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 1,100.00
6	LABORATORY	₹ 21,593.00
7	NURSING CHARGE	₹ 2,000.00
8	OTHER ADDITION	₹ 8,942.00
9	PHARMACY CHARGE	₹ 53,004.00
10	PROFESSIONAL TEAM FEES	₹ 12,100.00
11	RADIOLOGY	₹ 4,880.00
Gross Amount		₹ 118,344.00
Sanction Amount		₹ 109,449.00
Net Payable		₹ 118,344.00
Advance Amount		₹ 9,895.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,000.00

Received Amount in Words : Nine Thousand Eight Hundred Ninety-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MH/RECH202402092	CARD	Advance Amount	5,000.00
2	6/8/2024	MMH/MH/RECH202402138	CARD	Advance Amount	4,895.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	24060700488	109,449.00