IN PATIENT SUMMARY BILL

UHID : MMH202477385 Bill No : MMH/MH/IP202402024

: IP2024002065 Bill Date IP No

: 21/09/2024 : 17/9/2024 11:29AM Patient name : Mr.SELVARAJ V DOA

: 78 Y 1 M 7 D/Male DOD Age

Entity Type : Insurance Entity Name : MD INDIA TPA PVT LTD

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	1,100.00
3	DUTY MEDICAL OFFICER CHARGE		₹	750.00
4	NURSING CHARGE		₹	800.00
5	OTHER ADDITION		₹	325.00
6	PHARMACY CHARGE		₹	16,216.00
7	PROFESSIONAL TEAM FEES		₹	16,500.00
		Gross Amount	₹	36,041.00
		Sanction Amount	₹	16,585.00
		Net Payable	₹	36,041.00
		Advance Amount	₹	20,000.00
		Received Amount	₹	0.00
		Refund Amount	₹	544.00

SUDHA : Twenty Thousand Only **Received Amount in Words**

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/17/2024	MMH/MH/RECH202403624	CARD	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
MD INDIA TPA PVT LTD	MDI5-0000655934	16,585.00