

IN PATIENT SUMMARY BILL

UHID	:	MMH202477566	Bill No	:	MMH/MH/IP202401245
IP No	:	IP2024001263	Bill Date	:	11/06/2024
Patient name	:	Mrs.SUBBALAKSHMI G	DOA	:	4/6/2024 2:36PM
Age	:	74 Y 7 M 16 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.UMA	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 2,650.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 1,450.00
7	LABORATORY	₹ 11,984.00
8	NURSING CHARGE	₹ 3,200.00
9	OPERATION THEATRE CHARGES	₹ 7,550.00
10	OTHER ADDITION	₹ 4,763.00
11	PHARMACY CHARGE	₹ 25,803.00
12	PROFESSIONAL TEAM FEES	₹ 62,700.00
Gross Amount		₹ 140,750.00
Sanction Amount		₹ 103,765.00
Net Payable		₹ 140,750.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 13,015.00

Received Amount in Words : Fifty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/4/2024	MMH/MH/RECH202402062	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	122146433	103,765.00