

IN PATIENT SUMMARY BILL

UHID	: MMH202477626	Bill No	: MMH/MH/IP202401362
IP No	: IP2024001276	Bill Date	: 26/06/2024
Patient name	: Mr.ALLA BAKSH.A.M	DOA	: 5/6/2024 10:00PM
Age	: 81 Y 4 M 15 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: ACKO HEALTH
Consultant Name	: Dr.BASHEER AHMED ORTHO	TPA	: FHPL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 14,850.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 73,850.00
4	BLOOD COMPONENTS	₹ 7,650.00
5	DIET CHARGES	₹ 4,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
7	EQUIPMENT	₹ 25,000.00
8	GENERAL PROCEDURE	₹ 4,650.00
9	INTENSIVIST CHARGES	₹ 22,500.00
10	LABORATORY	₹ 68,815.00
11	NURSING CHARGE	₹ 18,200.00
12	OPERATION THEATRE CHARGES	₹ 14,050.00
13	OTHER ADDITION	₹ 40,106.00
14	PHARMACY CHARGE	₹ 178,201.00
15	PHYSIOTHERAPY	₹ 5,500.00
16	PROFESSIONAL TEAM FEES	₹ 136,500.00
17	RADIOLOGY	₹ 28,260.00
18	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 648,482.00
Sanction Amount		₹ 420,798.00
Net Payable		₹ 648,482.00
Advance Amount		₹ 227,684.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Twenty-Seven Thousand Six Hundred Eighty-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/5/2024	MMH/MH/RECH202402086	UPI	Advance Amount	5,000.00
2	6/16/2024	MMH/MH/RECH202402207	CARD	Advance Amount	100,000.00
3	6/16/2024	MMH/MH/RECH202402208	CASH	Advance Amount	100,000.00
4	6/16/2024	MMH/MH/RECH202402210	CASH	Advance Amount	22,684.00

Medical Claim	Claim No	Sanction Amount
ACKO HEALTH	24061002042	420,798.00