

IN PATIENT SUMMARY BILL

UHID	:	MMH202477677	Bill No	:	MMH/MH/IP202401256
IP No	:	IP2024001283	Bill Date	:	12/06/2024
Patient name	:	Mrs.RANI MURALIDHARAN	DOA	:	7/6/2024 9:35AM
Age	:	56 Y 11 M 25 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	RELIANCE GENERAL INSURANCE
Consultant Name	:	Dr.SHIVA KUMAR D			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 5,213.00
9	NURSING CHARGE	₹ 1,600.00
10	OPERATION THEATRE CHARGES	₹ 14,650.00
11	OTHER ADDITION	₹ 4,588.00
12	PHARMACY CHARGE	₹ 10,058.00
13	PROFESSIONAL TEAM FEES	₹ 77,000.00
Gross Amount		₹ 123,659.00
Sanction Amount		₹ 119,909.00
Net Payable		₹ 123,659.00
Advance Amount		₹ 3,750.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Seven Hundred Fifty Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402104	CASH	Advance Amount	3,000.00
2	6/8/2024	MMH/MH/RECH202402134	CARD	Advance Amount	750.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	122176117	119,909.00