IN PATIENT SUMMARY BILL

UHID : MMH202477840 Bill No : MMH/MH/IP202401260

IP No : IP2024001302 Bill Date : 13/06/2024

Patient name : Child.AARADHANA SRIKAANTH DOA : 10/6/2024 1:43PM

Age : 6 Y 4 M 17 D/Female DOD

Entity Type : Insurance Entity Name : TATA AIG

Consultant Name : Dr.GOWRI SHANKAR.M

| S.No | Description | | | Amount |
|------|-----------------------------|-----------------|---|------------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 350.00 |
| 2 | BED CHARGES | | ₹ | 4,200.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 750.00 |
| 4 | EQUIPMENT | | ₹ | 3,000.00 |
| 5 | INJECTION CHARGES | | ₹ | 200.00 |
| 6 | NURSING CHARGE | | ₹ | 800.00 |
| 7 | OPERATION THEATRE CHARGES | | ₹ | 14,450.00 |
| 8 | OTHER ADDITION | | ₹ | 3,849.00 |
| 9 | PHARMACY CHARGE | | ₹ | 6,862.00 |
| 10 | PROFESSIONAL TEAM FEES | | ₹ | 69,300.00 |
| | | Gross Amount | ₹ | 103,761.00 |
| | | Sanction Amount | ₹ | 103,261.00 |
| | | Net Payable | ₹ | 103,761.00 |
| | | Advance Amount | ₹ | 5,000.00 |
| | | Received Amount | ₹ | 0.00 |
| | | Refund Amount | ₹ | 4,500.00 |

Received Amount in Words : Five Thousand Only SATHISH KUMAR.S

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 6/10/2024 | MMH/MH/RECH202402146 | CARD | Advance Amount | 5,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------|-------------|-----------------|
| TATA AIG | 4000192816A | 103,261.00 |