

IN PATIENT SUMMARY BILL

UHID	:	MMH202477965	Bill No	:	MMH/MH/IP202401338
IP No	:	IP2024001382	Bill Date	:	24/06/2024
Patient name	:	Mr.VENKATESH R	DOA	:	20/6/2024 9:01AM
Age	:	43 Y 10 M 29 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY LTD
Consultant Name	:	Dr.ARUN KUMAR.I			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 5,000.00
6	LABORATORY	₹ 450.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 15,000.00
9	OTHER ADDITION	₹ 571.75
10	PHARMACY CHARGE	₹ 63,848.25
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 67,500.00
Gross Amount		₹ 164,220.00
Sanction Amount		₹ 164,220.00
Net Payable		₹ 164,220.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,000.00

Received Amount in Words : Three Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/20/2024	MMH/MH/RECH202402265	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	MD18644503	164,220.00