

IN PATIENT SUMMARY BILL

UHID : MMH202478296

IP No : IP2024001407

Patient name : Mrs.ELIZABETH CHRISTO

Age : 65 Y 9 M 0 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401460

Bill Date : 08/07/2024

DOA : 23/6/2024 7:20AM

DOD :

Entity Type : Insurance

Entity Name : NIVA BUPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 42,575.00
3	BLOOD COMPONENTS	₹ 10,250.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,375.00
6	EQUIPMENT	₹ 34,100.00
7	GENERAL PROCEDURE	₹ 6,650.00
8	INJECTION CHARGES	₹ 1,160.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 44,581.00
11	NURSING CHARGE	₹ 12,800.00
12	OPERATION THEATRE CHARGES	₹ 24,750.00
13	OTHER ADDITION	₹ 15,305.00
14	PHARMACY CHARGE	₹ 110,874.00
15	PHYSIOTHERAPY	₹ 9,500.00
16	PROFESSIONAL TEAM FEES	₹ 164,450.00
17	RADIOLOGY	₹ 4,392.00
Gross Amount		₹ 497,612.00
Sanction Amount		₹ 459,612.00
Net Payable		₹ 497,612.00
Advance Amount		₹ 38,000.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Eight Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/23/2024	MMH/MH/RECH202402323	CARD	Advance Amount	3,000.00
2	7/4/2024	MMH/MH/RECH202402506	UPI	Advance Amount	35,000.00

Medical Claim	Claim No	Sanction Amount
NIVA BUPA	911611	459,612.00