

IN PATIENT SUMMARY BILL

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|-----------------|---|--------------------------|-------------|---|----------------------------|
| UHID | : | MMH202478415 | Bill No | : | MMH/MH/IP202401407 |
| IP No | : | IP2024001425 | Bill Date | : | 30/06/2024 |
| Patient name | : | Mrs.UMA MAHESHWARI MOHAN | DOA | : | 25/6/2024 6:05PM |
| Age | : | 64 Y 6 M 25 D/Female | DOD | : | |
| | | | Entity Type | : | Insurance |
| | | | Entity Name | : | NATIONAL INSURANCE COMPANY |
| Consultant Name | : | Dr.BASHEER AHMED ORTHO | TPA | : | GOOD HEALTH TPA |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 8,400.00 |
| 3 | DIET CHARGES | ₹ 1,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 5 | EQUIPMENT | ₹ 1,200.00 |
| 6 | GENERAL PROCEDURE | ₹ 450.00 |
| 7 | LABORATORY | ₹ 1,384.00 |
| 8 | NURSING CHARGE | ₹ 1,600.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 12,550.00 |
| 10 | PHARMACY CHARGE | ₹ 86,977.00 |
| 11 | PHYSIOTHERAPY | ₹ 1,200.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 39,906.00 |
| 13 | RADIOLOGY | ₹ 864.00 |
| Gross Amount | | ₹ 157,881.00 |
| Sanction Amount | | ₹ 146,128.00 |
| Net Payable | | ₹ 157,881.00 |
| Advance Amount | | ₹ 11,753.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Eleven Thousand Seven Hundred Fifty-Three Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 6/27/2024 | MMH/MH/RECH202402391 | CASH | Advance Amount | 11,753.00 |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|----------|-----------------|
| NATIONAL INSURANCE COMPANY LTD | 1226963 | 146,128.00 |