

IN PATIENT SUMMARY BILL

UHID : MMH202478494

IP No : IP2024001753

Patient name : Mr.RAJ PANDI C

Age : 40 Y 1 M 16 D/Male

Consultant Name : Dr.DURAI RAVI

Bill No : MMH/MH/IP202401708

Bill Date : 09/08/2024

DOA : 5/8/2024 12:32PM

DOD :

Entity Type : Corporate

Entity Name : SUNDARAM - CLAYTON DCD LIMITED

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 413.00 |
| 2 | BED CHARGES | ₹ 17,325.00 |
| 3 | DIET CHARGES | ₹ 4,450.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,982.50 |
| 5 | EQUIPMENT | ₹ 15,000.00 |
| 6 | GENERAL PROCEDURE | ₹ 531.00 |
| 7 | INJECTION CHARGES | ₹ 236.00 |
| 8 | LABORATORY | ₹ 8,740.00 |
| 9 | NURSING CHARGE | ₹ 4,275.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 26,673.00 |
| 11 | PHARMACY CHARGE | ₹ 76,228.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 50,000.00 |
| 13 | RADIOLOGY | ₹ 3,634.00 |
| Gross Amount | | ₹ 211,487.50 |
| Sanction Amount | | ₹ 211,488.00 |
| Net Payable | | ₹ 211,488.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Zero Only

SUDHA.M
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|--------------------------|-----------------|
| SUNDARAM - CLAYTON DCD LIMITED | SUNDARAM - CLAYTON DCD I | 211,488.00 |