

IN PATIENT SUMMARY BILL

UHID : MMH202478601

IP No : IP2024001435

Patient name : Mr.MOHANARANGAM B

Age : 39 Y 7 M 20 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401458

Bill Date : 08/07/2024

DOA : 27/6/2024 11:05AM

DOD :

Entity Type : Insurance

Entity Name : NOT CONFIRMED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,150.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	LABORATORY	₹ 58,994.00
10	NURSING CHARGE	₹ 9,200.00
11	OPERATION THEATRE CHARGES	₹ 2,500.00
12	OTHER ADDITION	₹ 24,059.00
13	PHARMACY CHARGE	₹ 41,694.00
14	PROFESSIONAL TEAM FEES	₹ 22,900.00
15	RADIOLOGY	₹ 15,110.00
Gross Amount		₹ 214,532.00
Sanction Amount		₹ 121,454.00
Net Payable		₹ 214,532.00
Advance Amount		₹ 114,532.00
Received Amount		₹ 0.00
Refund Amount		₹ 21,454.00

Received Amount in Words : One Lakh Fourteen Thousand Five Hundred Thirty-Two Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402422	CASH	Advance Amount	30,000.00
2	7/5/2024	MMH/MH/RECH202402521	CARD	Advance Amount	70,000.00
3	7/5/2024	MMH/MH/RECH202402522	CARD	Advance Amount	14,532.00

Medical Claim	Claim No	Sanction Amount
NOT CONFIRMED	CHE-0624-PA-0003269	121,454.00