

IN PATIENT SUMMARY BILL

UHID	: MMH202478601	Bill No	: MMH/MH/IP202401486
IP No	: IP2024001435	Bill Date	: 13/07/2024
Patient name	: Mr.MOHANARANGAM B	DOA	: 27/6/2024 11:05AM
Age	: 39 Y 7 M 25 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: BAJAJ ALLIANZ GENERAL
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: INDIAN HEALTH INSURANCE TPA PRIVATE LTD

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	₹ 56,814.00
10	NURSING CHARGE	₹ 9,200.00
11	OPERATION THEATRE CHARGES	₹ 2,500.00
12	OTHER ADDITION	₹ 26,239.00
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
BAJAJ ALLIANZ GENERAL INSURANCE	CHE-0624-PA-0003269	121,454.00