

IN PATIENT SUMMARY BILL

UHID : MMH202478637

IP No : IP2024001444

Patient name : Mrs.LALITHA.S

Age : 56 Y 0 M 2 D/Female

Consultant Name : Dr.SUMITHA SRIRAM

Bill No : MMH/MH/IP202401437

Bill Date : 03/07/2024

DOA : 27/6/2024 9:30PM

DOD :

Entity Type : Insurance

Entity Name : BAJAJ ALLIANZ GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	EQUIPMENT	₹ 8,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 6,221.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 16,000.00
10	OTHER ADDITION	₹ 1,698.00
11	PHARMACY CHARGE	₹ 19,809.00
12	PROFESSIONAL TEAM FEES	₹ 70,950.00
Gross Amount		₹ 152,978.00
Sanction Amount		₹ 142,297.00
Net Payable		₹ 152,978.00
Advance Amount		₹ 10,681.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Six Hundred Eighty-One Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MH/RECH202402392	CASH	Advance Amount	5,000.00
2	7/2/2024	MMH/MH/RECH202402462	UPI	Advance Amount	5,681.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	240127023P	142,297.00