

IN PATIENT SUMMARY BILL

UHID : MMH202478742

IP No : IP2024001461

Patient name : Mrs.SUJATHA V R

Age : 42 Y 10 M 28 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401432

Bill Date : 03/07/2024

DOA : 30/6/2024 2:23PM

DOD :

Entity Type : Insurance

Entity Name : ADITHIYA BRILA INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DIET CHARGES	₹ 1,450.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 600.00
6	LABORATORY	₹ 9,545.00
7	NURSING CHARGE	₹ 1,200.00
8	OTHER ADDITION	₹ 1,424.00
9	PHARMACY CHARGE	₹ 2,285.00
10	PROFESSIONAL TEAM FEES	₹ 1,500.00
11	RADIOLOGY	₹ 6,480.00
Gross Amount		₹ 32,259.00
Sanction Amount		₹ 22,833.00
Net Payable		₹ 32,259.00
Advance Amount		₹ 9,426.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Four Hundred Twenty-Six Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402432	UPI	Advance Amount	3,000.00
2	7/2/2024	MMH/MH/RECH202402458	UPI	Advance Amount	6,426.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	1112485161624	22,833.00