

IN PATIENT SUMMARY BILL

UHID	:	MMH202478748	Bill No	:	MMH/MH/IP202401455
IP No	:	IP2024001465	Bill Date	:	08/07/2024
Patient name	:	Mrs.LAKSHMI RAJAGOPALAN	DOA	:	30/6/2024 9:00PM
Age	:	81 Y 0 M 8 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	RELIANCE GENERAL INSURANCE
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 14,850.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 32,400.00
4	CARDIOLOGY PACKAGE-HEART	₹ 202,409.00
5	DIET CHARGES	₹ 3,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
7	EQUIPMENT	₹ 15,150.00
8	GENERAL PROCEDURE	₹ 2,950.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 30,896.00
11	NURSING CHARGE	₹ 7,600.00
12	PHARMACY CHARGE	₹ 241,229.00
13	PROFESSIONAL TEAM FEES	₹ 28,600.00
14	RADIOLOGY	₹ 13,070.00
15	TRANSPORT	₹ 1,000.00

Gross Amount	₹ 604,004.00
Sanction Amount	₹ 570,917.00
Net Payable	₹ 604,004.00
Advance Amount	₹ 30,000.00
Received Amount	₹ 16,395.00
Refund Amount	₹ 13,308.00

Received Amount in Words	:	Forty-Six Thousand Three Hundred Ninety-Five Only	SATHISH KUMAR.S Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402437	CARD	Advance Amount	30,000.00
2	7/8/2024	MMH/MH/REDH202414591	CHEQUE	Collected Amount	16,395.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	122835496	570,917.00