IN PATIENT SUMMARY BILL

UHID	:	MMH202478748	Bill No	:	MMH/MH/IP202401524
IP No	:	IP2024001465	Bill Date	:	17/07/2024
Patient name	:	Mrs.LAKSHMI RAJAGOPALAN	DOA	:	30/6/2024 9:00PM
Age	:	81 Y 0 M 19 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	₹	206,147.00
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	₹	26,859.00
11	NURSING CHARGE	₹	7,600.00
12	PHARMACY CHARGE	₹	241,228.00
13	PROFESSIONAL TEAM FEES	₹	28,900.00
14	RADIOLOGY	₹	13,070.00
15	TRANSPORT	₹	1,000.00

Gross Amount	₹	**604,004.00**
Sanction Amount	₹	**570,918.00**
Net Payable	₹	**604,004.00**
Advance Amount	₹	**30,000.00**
Received Amount	₹	**16,395.00**
Refund Amount	₹	**13,309.00**

Received Amount in Words : Forty-Six Thousand Three Hundred Ninety-Five Only

KARTHICK.S
Authorised Signature

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/REDH202415591	CHEQUE	Collected Amount	16,395.00

Medical Claim	Claim No	Sanction Amount
RELIANCE GENERAL INSURANCE	122835496	570,918.00