

IN PATIENT SUMMARY BILL

UHID : MMH202478936

IP No : IP2024001506

Patient name : Mrs.CHITRA R

Age : 54 Y 1 M 12 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401483

Bill Date : 13/07/2024

DOA : 5/7/2024 6:42PM

DOD :

Entity Type : Insurance

Entity Name : UNIVERSAL SAMPO GEN INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 3,600.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 19,475.00
7	NURSING CHARGE	₹ 4,400.00
8	OTHER ADDITION	₹ 10,335.00
9	PHARMACY CHARGE	₹ 12,035.00
10	PROFESSIONAL TEAM FEES	₹ 8,250.00
11	RADIOLOGY	₹ 5,780.00
Gross Amount		₹ 85,225.00
Sanction Amount		₹ 78,889.00
Net Payable		₹ 85,225.00
Advance Amount		₹ 10,100.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,764.00

Received Amount in Words : Ten Thousand One Hundred Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402520	CARD	Advance Amount	10,100.00

Medical Claim	Claim No	Sanction Amount
UNIVERSAL SAMPO GEN INSURANCE	525815	78,889.00