

IN PATIENT SUMMARY BILL

UHID : MMH202479245
 IP No : IP2024001578
 Patient name : Mr.GOPINATH A
 Age : 41 Y 1 M 4 D/Male
 Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401766
 Bill Date : 17/08/2024
 DOA : 13/7/2024 4:07PM
 DOD :
 Entity Type : Insurance
 Entity Name : CHOLA MS GENERAL INSURANCE

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 204,000.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 1,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
7	EQUIPMENT	₹ 76,000.00
8	GENERAL PROCEEDURE	₹ 21,850.00
9	INJECTION CHARGES	₹ 1,400.00
10	INTENSIVIST CHARGES	₹ 69,000.00
11	LABORATORY	₹ 171,902.00
12	NURSING CHARGE	₹ 76,500.00
13	OPERATION THEATRE CHARGES	₹ 35,250.00
14	OTHER ADDITION	₹ 895,110.00
15	PHARMACY CHARGE	₹ 1,019,089.00
16	PHYSIOTHERAPY	₹ 22,700.00
17	PROFESSIONAL TEAM FEES	₹ 321,000.00
18	RADIOLOGY	₹ 29,780.00

Gross Amount	₹ 2,951,556.00
Sanction Amount	₹ 2,000,000.00
Discount Amount	₹ 200,000.00
Net Payable	₹ 2,751,556.00
Received Amount	₹ 51,944.00
Amount Payable	₹ 699,612.00

Remarks : Corporate patient(CUMI - REFERED BY DR PARTHIBAN).

Received Amount in Words : Fifty-One Thousand Nine Hundred Forty-Four Only

SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/17/2024	MMH/MH/REDH202417986	CHEQUE	Collected Amount	51,944.00

Medical Claim	Claim No	Sanction Amount
CHOLA MS GENERAL INSURANCE	123037194	2,000,000.00