

IN PATIENT SUMMARY BILL

UHID	: MMH202479305	Bill No	: MMH/MH/IP202401544
IP No	: IP2024001593	Bill Date	: 19/07/2024
Patient name	: Child.MUGILAN.A	DOA	: 16/7/2024 5:10AM
Age	: 1 Y 9 M 6 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.VIGNESHWARAN P	TPA	: MBDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	NURSING CHARGE	₹ 1,200.00
5	OPERATION THEATRE CHARGES	₹ 9,750.00
6	OTHER ADDITION	₹ 781.00
7	PHARMACY CHARGE	₹ 14,724.00
8	PROFESSIONAL TEAM FEES	₹ 18,200.00
9	RADIOLOGY	₹ 756.00
Gross Amount		₹ 48,536.00
Sanction Amount		₹ 43,877.00
Net Payable		₹ 48,536.00
Advance Amount		₹ 4,659.00
Received Amount		₹ 0.00

Received Amount in Words	: Four Thousand Six Hundred Fifty-Nine 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	7/16/2024	MMH/MH/RECH202402674	CARD	Advance Amount	3,000.00
2	7/17/2024	MMH/MH/RECH202402709	CARD	Advance Amount	1,659.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	123068178	43,877.00