

IN PATIENT SUMMARY BILL

UHID : MMH202479357

IP No : IP2024001596

Patient name : Mr.BHAVANI PRASAD P

Age : 73 Y 0 M 19 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401559

Bill Date : 20/07/2024

DOA : 16/7/2024 2:37PM

DOD :

Entity Type : Insurance

Entity Name : IFFCO TOKIYO GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 5,000.00
5	LABORATORY	₹ 32,869.00
6	NURSING CHARGE	₹ 3,200.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	OTHER ADDITION	₹ 13,808.00
9	PHARMACY CHARGE	₹ 31,844.00
10	PROFESSIONAL TEAM FEES	₹ 25,600.00
11	RADIOLOGY	₹ 18,344.00
Gross Amount		₹ 158,815.00
Sanction Amount		₹ 152,520.00
Net Payable		₹ 158,815.00
Advance Amount		₹ 6,295.00
Received Amount		₹ 0.00

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

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/16/2024	MMH/MH/RECH202402680	CARD	Advance Amount	3,000.00
2	7/20/2024	MMH/MH/RECH202402772	CARD	Advance Amount	3,295.00

Medical Claim	Claim No	Sanction Amount
IFFCO TOKIYO GENERAL INSURANCE	2024071700120	152,520.00