

IN PATIENT SUMMARY BILL

UHID : MMH202479569

IP No : IP2024001630

Patient name : Mrs.MUTHULAKSHMI M

Age : 42 Y 8 M 4 D/Female

Consultant Name : Dr.MANISHANTHINI

Bill No : MMH/MH/IP202401592

Bill Date : 25/07/2024

DOA : 20/7/2024 11:27AM

DOD :

Entity Type : Insurance

Entity Name : NOT CONFIRMED

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 4,200.00  |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00    |
| 4               | INJECTION CHARGES           | ₹ 200.00    |
| 5               | NURSING CHARGE              | ₹ 800.00    |
| 6               | OPERATION THEATRE CHARGES   | ₹ 2,500.00  |
| 7               | OTHER ADDITION              | ₹ 2,097.00  |
| 8               | PHARMACY CHARGE             | ₹ 2,758.00  |
| 9               | PROFESSIONAL TEAM FEES      | ₹ 9,900.00  |
| Gross Amount    |                             | ₹ 23,555.00 |
| Sanction Amount |                             | ₹ 23,555.00 |
| Net Payable     |                             | ₹ 23,555.00 |
| Received Amount |                             | ₹ 0.00      |

Received Amount in Words : Zero Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1    |              |              |              |             |                 |

| Medical Claim | Claim No                | Sanction Amount |
|---------------|-------------------------|-----------------|
| NOT CONFIRMED | CIR/2025/111128/0560644 | 23,555.00       |