IN PATIENT SUMMARY BILL

UHID : MMH202479648 Bill No : MMH/MH/IP202401610

: IP2024001645 : 26/07/2024 IP No Bill Date

Patient name : Mr.THIRUMALAI SAMY S : 22/7/2024 12:32PM DOA

: 66 Y 2 M 16 D/Male DOD Age

> Entity Type : Insurance

: BAJAJ ALLIANZ GENERAL Entity Name

Consultant Name : Dr.SRIRAM THANIGAI INSURANCE

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	14,850.00
3	DIET CHARGES		₹	1,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
5	GENERAL PROCEDURE		₹	1,400.00
6	LABORATORY		₹	8,079.00
7	NURSING CHARGE		₹	2,400.00
8	OPERATION THEATRE CHARGES		₹	17,000.00
9	PHARMACY CHARGE		₹	220,092.00
10	PHYSIOTHERAPY		₹	2,400.00
11	PROFESSIONAL TEAM FEES		₹	133,570.00
12	RADIOLOGY		₹	5,144.00
		Gross Amount	₹	409,035.00
		Sanction Amount	₹	361,355.00
		Net Payable	₹	409,035.00
		Advance Amount	₹	47,680.00

Received Amount in Words : Forty-Seven Thousand Six Hundred Eighty Only SUDHA.M

Received Amount

Authorised Signature

₹

0.00

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/22/2024	MMH/MH/RECH202402785	UPI	Advance Amount	3,000.00
2	7/25/2024	MMH/MH/RECH202402833	CARD	Advance Amount	44,680.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	OC-25-1002-8403-00149031	361,355.00