

IN PATIENT SUMMARY BILL

UHID	:	MMH202479717	Bill No	:	MMH/MH/IP202401616
IP No	:	IP2024001654	Bill Date	:	27/07/2024
Patient name	:	Mr.RADHAKRISHNAN K N	DOA	:	23/7/2024 6:46PM
Age	:	73 Y 6 M 12 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	CHOLA MS GENERAL INSURANCE
Consultant Name	:	Dr.RENGAN.R.S	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 1,750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,038.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 13,000.00
9	OTHER ADDITION	₹ 4,055.00
10	PHARMACY CHARGE	₹ 15,084.00
11	PROFESSIONAL TEAM FEES	₹ 178,310.00
Gross Amount		₹ 226,787.00
Sanction Amount		₹ 222,847.00
Net Payable		₹ 226,787.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 26,060.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/23/2024	MMH/MH/RECH202402808	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
CHOLA MS GENERAL INSURANCE	123296251	222,847.00