

IN PATIENT SUMMARY BILL

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|-----------------|---|--------------------|-------------|---|----------------------------|
| UHID | : | MMH202480153 | Bill No | : | MMH/MH/IP202401724 |
| IP No | : | IP2024001742 | Bill Date | : | 11/08/2024 |
| Patient name | : | Mr.SHIKEESHWAR | DOA | : | 3/8/2024 10:10PM |
| Age | : | 22 Y 6 M 23 D/Male | DOD | : | |
| | | | Entity Type | : | Insurance |
| | | | Entity Name | : | NATIONAL INSURANCE COMPANY |
| Consultant Name | : | Dr.T.PALANIAPPAN | TPA | : | HEALTH INSURANCE TPA LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 29,700.00 |
| 3 | DIET CHARGES | ₹ 3,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,500.00 |
| 5 | LABORATORY | ₹ 30,870.00 |
| 6 | NURSING CHARGE | ₹ 4,800.00 |
| 7 | OTHER ADDITION | ₹ 1,646.00 |
| 8 | PHARMACY CHARGE | ₹ 17,654.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 19,250.00 |
| 10 | RADIOLOGY | ₹ 2,400.00 |
| Gross Amount | | ₹ 114,170.00 |
| Sanction Amount | | ₹ 104,538.00 |
| Net Payable | | ₹ 114,170.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 8,665.00 |
| Refund Amount | | ₹ 9,033.00 |

Received Amount in Words : Eighteen Thousand Six Hundred Sixty-Five Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/3/2024 | MMH/MH/RECH202402985 | CARD | Advance Amount | 10,000.00 |
| 2 | 8/11/2024 | MMH/MH/REDH202417543 | CHEQUE | Collected Amount | 8,665.00 |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|--------------|-----------------|
| NATIONAL INSURANCE COMPANY LTD | 241300146220 | 104,538.00 |