

IN PATIENT SUMMARY BILL

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	:	
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
			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