

IN PATIENT SUMMARY BILL

UHID : MMH202480169

IP No : IP2024001745

Patient name : Mrs.SANTHA C

Age : 75 Y 9 M 21 D/Female

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202401699

Bill Date : 08/08/2024

DOA : 4/8/2024 11:56AM

DOD :

Entity Type : Insurance

Entity Name : ADITHIYA BRILA INSURANCE

TPA : Volo Health Insurance TPA Private Limited

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 7,978.00
6	NURSING CHARGE	₹ 1,200.00
7	OTHER ADDITION	₹ 2,350.00
8	PHARMACY CHARGE	₹ 2,231.00
9	PROFESSIONAL TEAM FEES	₹ 5,500.00
10	RADIOLOGY	₹ 3,600.00
Gross Amount		₹ 36,859.00
Sanction Amount		₹ 34,864.00
Net Payable		₹ 36,859.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,005.00

Received Amount in Words : Three Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/4/2024	MMH/MH/RECH202402988	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	1280101	34,864.00