

IN PATIENT SUMMARY BILL

UHID	:	MMH202480554	Bill No	:	MMH/MH/IP202401811
IP No	:	IP2024001809	Bill Date	:	23/08/2024
Patient name	:	Mrs.NEEMA NIRMALA S	DOA	:	14/8/2024 6:18AM
Age	:	40 Y 1 M 3 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	HERITAGE HEALTH CARE PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 27,300.00
3	DIET CHARGES	₹ 2,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 53,765.00
7	NURSING CHARGE	₹ 5,200.00
8	OTHER ADDITION	₹ 5,893.00
9	PHARMACY CHARGE	₹ 22,748.00
10	PROFESSIONAL TEAM FEES	₹ 9,900.00
11	RADIOLOGY	₹ 8,000.00
Gross Amount		₹ 142,031.00
Sanction Amount		₹ 130,205.00
Net Payable		₹ 142,031.00
Advance Amount		₹ 11,826.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Eight Hundred Twenty-Six Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/14/2024	MMH/MH/RECH202403130	CASH	Advance Amount	5,000.00
2	8/20/2024	MMH/MH/RECH202403224	CASH	Advance Amount	6,826.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	HH172542059	130,205.00