

IN PATIENT SUMMARY BILL

UHID	: MHP202401055	Bill No	: MMH/MH/IP202401886
IP No	: IP2024001938	Bill Date	: 01/09/2024
Patient name	: Mrs.KOTHAI R	DOA	: 31/8/2024 11:17AM
Age	: 74 Y 8 M 7 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	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 4,274.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 3,750.00
7	PHARMACY CHARGE	₹ 127,169.00
8	PROFESSIONAL TEAM FEES	₹ 15,000.00
9	RADIOLOGY	₹ 3,110.00
Gross Amount		₹ 156,303.00
Sanction Amount		₹ 90,209.00
Net Payable		₹ 156,303.00
Advance Amount		₹ 159,300.00
Received Amount		₹ 0.00
Refund Amount		₹ 93,206.00

Received Amount in Words : One Lakh Fifty-Nine Thousand Three Hundred Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/31/2024	MMH/MH/RECH202403372	UPI	Advance Amount	56,300.00
2	8/31/2024	MMH/MH/RECH202403362	CARD	Advance Amount	3,000.00
3	8/31/2024	MMH/MH/RECH202403371	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	HH172547495	90,209.00