

IN PATIENT SUMMARY BILL

UHID	:	MMH202480611	Bill No	:	MMH/MH/IP202401783
IP No	:	IP2024001828	Bill Date	:	20/08/2024
Patient name	:	Mrs.VIDYA KARTHIKEYAN	DOA	:	15/8/2024 8:50PM
Age	:	56 Y 3 M 23 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.SUPRAJA K	TPA	:	HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,300.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 8,150.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 56,826.00
8	NURSING CHARGE	₹ 5,600.00
9	OTHER ADDITION	₹ 16,938.00
10	PHARMACY CHARGE	₹ 23,624.00
11	PROFESSIONAL TEAM FEES	₹ 23,100.00
12	RADIOLOGY	₹ 23,720.00
Tax Amount :		715.00
Gross Amount		₹ 197,823.00
Sanction Amount		₹ 197,823.00
Net Payable		₹ 197,823.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	241300158143	197,823.00