

IN PATIENT SUMMARY BILL

UHID : MMH202480612

IP No : IP2024001830

Patient name : Mrs.MALAR KODI.P

Age : 50 Y 2 M 10 D/Female

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202401784

Bill Date : 20/08/2024

DOA : 16/8/2024 8:10AM

DOD :

Entity Type : Insurance

Entity Name : UNIVERSAL SAMPO GEN INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	GENERAL PROCEEDURE	₹ 450.00
5	LABORATORY	₹ 346.00
6	NURSING CHARGE	₹ 2,000.00
7	OPERATION THEATRE CHARGES	₹ 13,050.00
8	OTHER ADDITION	₹ 833.00
9	PHARMACY CHARGE	₹ 12,929.00
10	PROFESSIONAL TEAM FEES	₹ 89,100.00
11	RADIOLOGY	₹ 660.00
Gross Amount		₹ 128,468.00
Sanction Amount		₹ 123,661.00
Net Payable		₹ 128,468.00
Advance Amount		₹ 4,807.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Eight Hundred Seven Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/18/2024	MMH/MH/RECH202403181	CARD	Advance Amount	4,807.00

Medical Claim	Claim No	Sanction Amount
UNIVERSAL SAMPO GEN INSURANCE	529884	123,661.00