

IN PATIENT SUMMARY BILL

UHID	:	MMH202480616	Bill No	:	MMH/MH/IP202401812
IP No	:	IP2024001839	Bill Date	:	23/08/2024
Patient name	:	Mr.KRISHNAN P S	DOA	:	17/8/2024 7:35AM
Age	:	53 Y 4 M 16 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	MANIPAL CIGNA HEALTH
Consultant Name	:	Dr.RENGAN.R.S	TPA	:	MANIPAL CIGNA HEALTH INSURANCE COMPANY LIMITED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 10,500.00
6	GENERAL PROCEEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 4,063.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 18,050.00
11	OTHER ADDITION	₹ 6,312.00
12	PHARMACY CHARGE	₹ 20,656.00
13	PROFESSIONAL TEAM FEES	₹ 143,000.00
Gross Amount		₹ 221,381.00
Sanction Amount		₹ 213,483.00
Net Payable		₹ 221,381.00
Advance Amount		₹ 7,898.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Eight Hundred Ninety-Eight Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/17/2024	MMH/MH/RECH202403168	UPI	Advance Amount	3,000.00
2	8/20/2024	MMH/MH/RECH202403218	CASH	Advance Amount	4,898.00

Medical Claim	Claim No	Sanction Amount
MANIPAL CIGNA HEALTH INSURANCE COMPANY LIMITED	39305600	213,483.00