

IN PATIENT SUMMARY BILL

UHID	:	MMH202480889	Bill No	:	MMH/MH/IP202401880
IP No	:	IP2024001924	Bill Date	:	31/08/2024
Patient name	:	Mr.ANKIT AGARWAL	DOA	:	29/8/2024 7:20AM
Age	:	33 Y 4 M 30 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	ADITHIYA BRILA INSURANCE
Consultant Name	:	Dr.ALAGAPPAN.C.T	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	EQUIPMENT	₹ 7,500.00
5	GENERAL PROCEEDURE	₹ 450.00
6	LABORATORY	₹ 8,079.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 17,650.00
9	OTHER ADDITION	₹ 293.00
10	PHARMACY CHARGE	₹ 89,103.00
11	PHYSIOTHERAPY	₹ 2,800.00
12	PROFESSIONAL TEAM FEES	₹ 71,500.00
13	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 213,300.00
Sanction Amount		₹ 213,300.00
Net Payable		₹ 213,300.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,000.00

Received Amount in Words : Five Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/RECH202403331	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	39450023	213,300.00