

IN PATIENT SUMMARY BILL

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|-----------------|---|------------------------|-------------|---|----------------------|
| UHID | : | MMH202480917 | Bill No | : | MMH/MH/IP202401887 |
| IP No | : | IP2024001919 | Bill Date | : | 01/09/2024 |
| Patient name | : | Mrs.VIRGINIA COSTA | DOA | : | 28/8/2024 4:22PM |
| Age | : | 64 Y 9 M 10 D/Female | DOD | : | |
| | | | Entity Type | : | Insurance |
| | | | Entity Name | : | IFFCO TOKIYO GENERAL |
| Consultant Name | : | Dr.Sri Krishna Sandeep | TPA | : | MSURANCE PVT LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 12,600.00 |
| 3 | DIET CHARGES | ₹ 2,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,250.00 |
| 5 | LABORATORY | ₹ 28,858.00 |
| 6 | NURSING CHARGE | ₹ 2,400.00 |
| 7 | OTHER ADDITION | ₹ 9,150.00 |
| 8 | PHARMACY CHARGE | ₹ 4,863.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 13,550.00 |
| 10 | RADIOLOGY | ₹ 17,580.00 |
| 11 | TRANSPORT | ₹ 1,500.00 |
| Gross Amount | | ₹ 95,101.00 |
| Sanction Amount | | ₹ 71,275.00 |
| Net Payable | | ₹ 95,101.00 |
| Advance Amount | | ₹ 23,826.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Twenty-Three Thousand Eight Hundred Twenty-Six Only

KARTHICK
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 8/28/2024 | MMH/MH/RECH202403322 | UPI | Advance Amount | 3,000.00 |
| 2 | 9/1/2024 | MMH/MH/RECH202403376 | CARD | Advance Amount | 20,826.00 |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|------------|-----------------|
| IFFCO TOKIYO GENERAL INSURANCE | MD18812288 | 71,275.00 |