

IN PATIENT SUMMARY BILL

UHID : MMH202481279

IP No : IP2024001998

Patient name : Mrs.SARASWATHY K

Age : 66 Y 3 M 3 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401965

Bill Date : 13/09/2024

DOA : 9/9/2024 1:07PM

DOD :

Entity Type : Insurance

Entity Name : ICICI LOMBARD INSURANCE

TPA : PARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 7,284.00
5	NURSING CHARGE	₹ 2,400.00
6	OTHER ADDITION	₹ 5,970.00
7	PHARMACY CHARGE	₹ 3,733.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 45,587.00
Sanction Amount		₹ 27,581.00
Net Payable		₹ 45,587.00
Advance Amount		₹ 16,300.00
Received Amount		₹ 1,706.00

Received Amount in Words : Eighteen Thousand Six Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/13/2024	MMH/MH/REDH202420144	CHEQUE	Collected Amount	1,706.00
2	9/9/2024	MMH/MH/RECH202403485	CARD	Advance Amount	10,000.00
3	9/12/2024	MMH/MH/RECH202403557	CARD	Advance Amount	6,300.00

Medical Claim	Claim No	Sanction Amount
ICICI LOMBARD INSURANCE	6966518	27,581.00