

IN PATIENT SUMMARY BILL

UHID	: MMH202481378	Bill No	: MMH/MH/IP202401963
IP No	: IP2024002014	Bill Date	: 13/09/2024
Patient name	: Dr.THILAKAR.P	DOA	: 10/9/2024 8:00PM
Age	: 47 Y 6 M 20 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: SBI GENREAL INSURANCE
Consultant Name	: Dr.BOOPATHY.D	TPA	: SBI GENREAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 9,436.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 5,200.00
8	OTHER ADDITION	₹ 15,947.00
9	PHARMACY CHARGE	₹ 8,794.00
10	PROFESSIONAL TEAM FEES	₹ 80,000.00
11	RADIOLOGY	₹ 1,140.00
Gross Amount		₹ 130,467.00
Sanction Amount		₹ 130,467.00
Net Payable		₹ 130,467.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 7,210.00
Refund Amount		₹ 10,210.00

Received Amount in Words : Ten Thousand Two Hundred Ten Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/13/2024	MMH/MH/REDH202420139	CHEQUE	Collected Amount	7,210.00
2	9/10/2024	MMH/MH/RECH202403517	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	90638483	130,467.00