IN PATIENT SUMMARY BILL

UHID : MMH202481389 Bill No : MMH/MH/IP202402005

: 19/09/2024 : IP2024002057 IP No Bill Date

Patient name : Mrs.VASANTHA THIRUMAL : 16/9/2024 12:20PM DOA

DOD : 71 Y 0 M 5 D/Female Age

Entity Type

: Insurance : ACKO HEALTH Entity Name

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	12,600.00
3	DIET CHARGES			1,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
5	LABORATORY		₹	16,991.00
6	NURSING CHARGE		₹	2,400.00
7	OPERATION THEATRE CHARGES		₹	8,500.00
8	OTHER ADDITION		₹	8,848.00
9	PHARMACY CHARGE		₹	5,916.00
10	PHYSIOTHERAPY		₹	700.00
11	PROCEDURE CHARGES		₹	1,000.00
12	PROFESSIONAL TEAM FEES		₹	26,950.00
13	RADIOLOGY		₹	4,208.00
		Gross Amount	₹	92,213.00
		Sanction Amount	₹	89,179.00
		Net Payable	₹	92,213.00
		Advance Amount	₹	3,034.00
		Received Amount	₹	0.00

Received Amount in Words : Three Thousand Thirty-Four Only SRINIVASAN **Authorised Signature**

Payment History

S	S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
	1	9/19/2024	MMH/MH/RECH202403647	UPI	Advance Amount	34.00
	2	9/16/2024	MMH/MH/RECH202403601	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
ACKO HEALTH	24091700814	89,179.00