

IN PATIENT SUMMARY BILL

UHID : MMH202481487

IP No : IP2024002047

Patient name : Mr.RAMESH.J

Age : 65 Y 4 M 2 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401995

Bill Date : 19/09/2024

DOA : 15/9/2024 7:10AM

DOD :

Entity Type : Insurance

Entity Name : MANIPAL CIGNA HEALTH INSURANCE COMPANY LIMITED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 2,063.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 18,350.00
8	OTHER ADDITION	₹ 7,294.00
9	PHARMACY CHARGE	₹ 35,768.00
10	PROFESSIONAL TEAM FEES	₹ 135,000.00
Gross Amount		₹ 203,000.00
Sanction Amount		₹ 200,000.00
Net Payable		₹ 203,000.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/15/2024	MMH/MH/RECH202403586	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
MANIPAL CIGNA HEALTH INSURANCE COMPANY LIMITED	6975839	200,000.00