

IN PATIENT SUMMARY BILL

UHID : MMH202481502

IP No : IP2024002050

Patient name : Mr.JEEVA M

Age : 72 Y 0 M 14 D/Male

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202401998

Bill Date : 19/09/2024

DOA : 15/9/2024 9:16PM

DOD :

Entity Type : Insurance

Entity Name : FUTURE GENERALI INDIA INSURANCE COMPANY LTD

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 2,750.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 4 | LABORATORY | ₹ 692.00 |
| 5 | NURSING CHARGE | ₹ 800.00 |
| 6 | OPERATION THEATRE CHARGES | ₹ 5,350.00 |
| 7 | OTHER ADDITION | ₹ 30,647.00 |
| 8 | PHARMACY CHARGE | ₹ 8,389.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 80,000.00 |
| Gross Amount | | ₹ 129,728.00 |
| Sanction Amount | | ₹ 126,728.00 |
| Net Payable | | ₹ 129,728.00 |
| 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/RECH202403594 | CARD | Advance Amount | 3,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|---|-------------|-----------------|
| FUTURE GENERALI INDIA INSURANCE COMPANY LTD | TC100539435 | 126,728.00 |