

IN PATIENT SUMMARY BILL

UHID : MMH202481837

IP No : IP2024002143

Patient name : Mr.HAMSAVEL B

Age : 45 Y 6 M 1 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402125

Bill Date : 03/10/2024

DOA : 25/9/2024 3:55PM

DOD :

Entity Type : Insurance

Entity Name : FUTURE GENERALI INDIA INSURANCE COMPANY LTD

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 25,025.00  |
| 3               | DIET CHARGES                | ₹ 5,250.00   |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 4,125.00   |
| 5               | EQUIPMENT                   | ₹ 27,150.00  |
| 6               | INJECTION CHARGES           | ₹ 200.00     |
| 7               | LABORATORY                  | ₹ 49,082.00  |
| 8               | NURSING CHARGE              | ₹ 4,400.00   |
| 9               | OPERATION THEATRE CHARGES   | ₹ 13,200.00  |
| 10              | OTHER ADDITION              | ₹ 6,598.00   |
| 11              | PHARMACY CHARGE             | ₹ 115,000.00 |
| 12              | PROCEDURE CHARGES           | ₹ 450.00     |
| 13              | PROFESSIONAL TEAM FEES      | ₹ 83,200.00  |
| 14              | RADIOLOGY                   | ₹ 24,488.00  |
| Gross Amount    |                             | ₹ 358,518.00 |
| Sanction Amount |                             | ₹ 300,000.00 |
| Discount Amount |                             | ₹ 58,518.00  |
| Net Payable     |                             | ₹ 300,000.00 |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Zero Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1    |              |              |              |             |                 |

| Medical Claim                               | Claim No              | Sanction Amount |
|---------------------------------------------|-----------------------|-----------------|
| FUTURE GENERALI INDIA INSURANCE COMPANY LTD | 13-FGH-24-3-628228-01 | 300,000.00      |