

IN PATIENT SUMMARY BILL

UHID	:	MMH202481925	Bill No	:	MMH/MH/IP202402107
IP No	:	IP2024002160	Bill Date	:	30/09/2024
Patient name	:	Mrs.JANANI C	DOA	:	27/9/2024 3:01PM
Age	:	33 Y 7 M 17 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY LTD
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	LABORATORY	₹ 37,432.00
6	NURSING CHARGE	₹ 2,800.00
7	OTHER ADDITION	₹ 5,699.00
8	PHARMACY CHARGE	₹ 6,888.00
9	PROFESSIONAL TEAM FEES	₹ 9,900.00
10	RADIOLOGY	₹ 13,520.00
Gross Amount		₹ 94,414.00
Sanction Amount		₹ 88,224.00
Net Payable		₹ 94,414.00
Advance Amount		₹ 6,190.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand One Hundred Ninety Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/RECH202403783	UPI	Advance Amount	3,000.00
2	9/30/2024	MMH/MH/RECH202403835	UPI	Advance Amount	3,190.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	MDI8891956	88,224.00