

IN PATIENT SUMMARY BILL

UHID	:	MHI202486084	Bill No	:	MMH/MH/IP202402146
IP No	:	IP2024002179	Bill Date	:	06/10/2024
Patient name	:	Mr.SABARISH B	DOA	:	30/9/2024 10:39AM
Age	:	23 Y 1 M 17 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	BAJAJ ALLIANZ GENERAL INSURANCE
Consultant Name	:	Dr.SUBRAMANIAM.S			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 6,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 173.00
8	NURSING CHARGE	₹ 2,800.00
9	OPERATION THEATRE CHARGES	₹ 14,050.00
10	OTHER ADDITION	₹ 20,310.00
11	PHARMACY CHARGE	₹ 259,649.00
12	PHYSIOTHERAPY	₹ 1,200.00
13	PROFESSIONAL TEAM FEES	₹ 80,300.00
14	RADIOLOGY	₹ 990.00
Gross Amount		₹ 400,272.00
Sanction Amount		₹ 376,366.00
Net Payable		₹ 400,272.00
Advance Amount		₹ 23,906.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Three Thousand Nine Hundred Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MH/RECH202403829	UPI	Advance Amount	5,000.00
2	10/3/2024	MMH/MH/RECH202403890	CARD	Advance Amount	18,906.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	7000075	376,366.00