

IN PATIENT SUMMARY BILL

UHID : MMH202482537

IP No : IP2024002275

Patient name : Mr.RAMACHANDRAN R

Age : 75 Y 0 M 4 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402235

Bill Date : 17/10/2024

DOA : 13/10/2024 3:22PM

DOD :

Entity Type : Insurance

Entity Name : SBI GENREAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 2,000.00
6	LABORATORY	₹ 39,909.00
7	NURSING CHARGE	₹ 2,000.00
8	OTHER ADDITION	₹ 10,867.00
9	PHARMACY CHARGE	₹ 7,981.00
10	PROFESSIONAL TEAM FEES	₹ 7,150.00
11	RADIOLOGY	₹ 11,840.00
Gross Amount		₹ 96,472.00
Sanction Amount		₹ 85,681.00
Net Payable		₹ 96,472.00
Advance Amount		₹ 10,791.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Seven Hundred Ninety-One Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/17/2024	MMH/MH/RECH202404074	UPI	Advance Amount	7,791.00
2	10/13/2024	MMH/MH/RECH202404020	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
SBI GENREAL INSURANCE	CHE-1024-PA-0001617	85,681.00