

### IN PATIENT SUMMARY BILL

UHID : MMH202372673  
IP No : IP2024001334  
Patient name : Mrs.AMSA U  
Age : 34 Y 0 M 17 D/Female

Bill No : MMH/MH/IP202401297  
Bill Date : 19/06/2024  
DOA : 15/6/2024 9:15AM  
DOD :  
Entity Type : Insurance  
Entity Name : FUTURE GENERALI INDIA  
INSURANCE COMPANY LTD

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 3,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 23,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 11,957.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 13,470.00
10	OTHER ADDITION	₹ 1,984.00
11	PHARMACY CHARGE	₹ 16,837.00
12	PROFESSIONAL TEAM FEES	₹ 19,800.00
13	RADIOLOGY	₹ 3,140.00
<b>Gross Amount</b>		₹ <b>107,538.00</b>
<b>Net Payable</b>		₹ <b>107,538.00</b>
<b>Advance Amount</b>		₹ <b>11,960.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

Received Amount in Words : Eleven Thousand Nine Hundred Sixty Only

SATHISH KUMAR.S  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MH/RECH202402243	CASH	Advance Amount	11,960.00