

### IN PATIENT SUMMARY BILL

UHID : MHI202372462      Bill No : MMH/MH/IP202401873  
 IP No : IP2024001904      Bill Date : 30/08/2024  
 Patient name : Mr.SATHIS KUMAR K      DOA : 26/8/2024 2:20PM  
 Age : 58 Y 0 M 15 D/Male      DOD :  
 Entity Type : Insurance  
 Consultant Name : Dr.T.PALANIAPPAN      Entity Name : FUTURE GENERALI INDIA  
 INSURANCE COMPANY LTD

| 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    | GENERAL PROCEEDURE          | ₹ 12,000.00 |
| 6    | LABORATORY                  | ₹ 37,254.00 |
| 7    | NURSING CHARGE              | ₹ 2,000.00  |
| 8    | OTHER ADDITION              | ₹ 15,114.00 |
| 9    | PHARMACY CHARGE             | ₹ 4,699.00  |
| 10   | PROFESSIONAL TEAM FEES      | ₹ 19,700.00 |
| 11   | PULMONOLOGY                 | ₹ 1,500.00  |
| 12   | RADIOLOGY                   | ₹ 12,080.00 |

|                 |              |
|-----------------|--------------|
| Gross Amount    | ₹ 119,072.00 |
| Sanction Amount | ₹ 115,980.00 |
| Discount Amount | ₹ 3,092.00   |
| Net Payable     | ₹ 115,980.00 |
| 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    |              |              |              |             |                 |