

IN PATIENT SUMMARY BILL

UHID	:	MMH202482113	Bill No	:	MMH/MH/IP202402150
IP No	:	IP2024002170	Bill Date	:	07/10/2024
Patient name	:	Mr.THULASINGAM G	DOA	:	28/9/2024 7:55PM
Age	:	88 Y 3 M 7 D/Male	DOD	:	
			Entity Type	:	Insurance
Consultant Name	:	Dr.BASHEER AHMED	Entity Name	:	THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	LABORATORY	₹ 1,038.00
6	NURSING CHARGE	₹ 4,000.00
7	OPERATION THEATRE CHARGES	₹ 11,050.00
8	OTHER ADDITION	₹ 26,098.00
9	PHARMACY CHARGE	₹ 77,840.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROCEDURE CHARGES	₹ 1,450.00
12	PROFESSIONAL FEES	₹ 10,000.00
13	PROFESSIONAL TEAM FEES	₹ 135,000.00
14	RADIOLOGY	₹ 4,128.00
	Gross Amount	₹ 291,654.00
	Sanction Amount	₹ 267,692.00
	Discount Amount	₹ 3,000.00
	Net Payable	₹ 288,654.00
	Advance Amount	₹ 20,962.00
	Received Amount	₹ 0.00

Received Amount in Words : Twenty Thousand Nine Hundred Sixty-Two Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/28/2024	MMH/MH/RECH202403810	CARD	Advance Amount	3,000.00
2	10/4/2024	MMH/MH/RECH202403896	CARD	Advance Amount	17,962.00