

IN PATIENT SUMMARY BILL

UHID : MMH202482113

IP No : IP2024002170

Patient name : Mr.THULASINGAM G

Age : 88 Y 3 M 7 D/Male

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202402150

Bill Date : 07/10/2024

DOA : 28/9/2024 7:55PM

DOD :

Entity Type : Insurance

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