

IN PATIENT SUMMARY BILL

UHID : MKB202403789

IP No : IPKB2024000891

Patient name : Mrs.SANTHA.M

Age : 72 Y 0 M 10 D/Female

Consultant Name : Dr.B.VINOTHKUMAR

Bill No : MMH/MK/IP202400910

Bill Date : 14/07/2024

DOA : 4/7/2024 9:30PM

DOD :

Entity Type : Insurance

Entity Name : BAJAJ ALLIANZ GENERAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 150.00
2	BED CHARGES	₹ 18,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
4	EQUIPMENT	₹ 17,600.00
5	GENERAL PROCEDURE	₹ 200.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 18,504.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,000.00
10	OPERATION THEATRE CHARGES	₹ 17,000.00
11	OTHER ADDITION	₹ 12,982.00
12	PHARMACY CHARGE	₹ 39,661.00
13	PHYSIOTHERAPY	₹ 800.00
14	PROFESSIONAL TEAM FEES	₹ 82,000.00
15	RADIOLOGY	₹ 6,240.00
Gross Amount		₹ 228,037.00
Sanction Amount		₹ 188,037.00
Discount Amount		₹ 24,766.00
Net Payable		₹ 203,271.00
Advance Amount		₹ 27,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 11,766.00

Received Amount in Words : Twenty-Seven Thousand Only

KRISHNAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/4/2024	MMH/MK/RECH202402115	CASH	Advance Amount	2,000.00
2	7/5/2024	MMH/MK/RECH202402122	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
BAJAJ ALLIANZ GENERAL INSURANCE	OC-25-1002-8403-00131365	188,037.00