

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 |