IN PATIENT SUMMARY BILL

UHID : MHM202407014 Bill No : MMH/MM/IPM202400871

: IPM2024000836 : 26/09/2024 IP No Bill Date

: 18/9/2024 10:00AM Patient name : Mr.PHILIP K P DOA

DOD : 67 Y 4 M 6 D/Male Age

: Insurance Entity Type

: THE NEW INDIA ASSURANCE CO. Entity Name

Consultant Name : Dr.SAMUEL GNANAM LTD

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	200.00
2	BED CHARGES		₹	9,000.00
3	DUTY MEDICAL OFFICER CHARGE		₹	2,500.00
4	EQUIPMENT		₹	2,900.00
5	IP REGISTRATION		₹	150.00
6	LABORATORY		₹	11,594.00
7	MEDICAL RECORD CHARGE		₹	200.00
8	NURSING CHARGE		₹	3,500.00
9	OPERATION THEATRE CHARGES		₹	9,350.00
10	OTHER ADDITION		₹	7,962.00
11	PHARMACY CHARGE		₹	98,659.00
12	PROFESSIONAL FEES		₹	11,000.00
13	RADIOLOGY		₹	3,920.00
14	SURGICAL TEAM FEES		₹	55,000.00
		Gross Amount	₹	215,935.00
		Sanction Amount	₹	191,844.00
		Discount Amount	₹	9,999.00
		Net Payable	₹	205,936.00
		Advance Amount	₹	14,092.00
		Received Amount	₹	0.00

BASKAR **Received Amount in Words** : Fourteen Thousand Ninety-Two Only

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MM/RECAP202401135	CARD	Advance Amount	10,000.00
2	9/20/2024	MMH/MM/RECAP202401154	CARD	Advance Amount	4,092.00