

IN PATIENT SUMMARY BILL

UHID : MHM202405898

IP No : IPM2024000835

Patient name : Mr.SELVARAJ S

Age : 70 Y 1 M 24 D/Male

Bill No : MMH/MM/IPM202400877

Bill Date : 28/09/2024

DOA : 17/9/2024 11:30AM

DOD :

Entity Type : Insurance

Entity Name : ADITHIYA BRILA INSURANCE

Consultant Name : Dr.VAISHNAVI/ARAVINDH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 30,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 9,000.00
4	EQUIPMENT	₹ 39,500.00
5	INJECTION CHARGES	₹ 750.00
6	INTENSIVIST CHARGES	₹ 750.00
7	IP REGISTRATION	₹ 150.00
8	LABORATORY	₹ 36,144.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 10,750.00
11	OPERATION THEATRE CHARGES	₹ 18,000.00
12	OTHER ADDITION	₹ 71,662.00
13	PHARMACY CHARGE	₹ 122,609.00
14	PHYSIOTHERAPY	₹ 4,200.00
15	PROCEDURE CHARGES	₹ 500.00
16	PROFESSIONAL FEES	₹ 104,000.00
17	RADIOLOGY	₹ 25,256.00
Gross Amount		₹ 474,421.00
Sanction Amount		₹ 393,777.00
Discount Amount		₹ 10,000.00
Net Payable		₹ 464,421.00
Advance Amount		₹ 55,000.00
Received Amount		₹ 15,644.00

Received Amount in Words : Seventy Thousand Six Hundred Forty-Four Only

BASKAR

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/28/2024	MMH/MM/RECBD202408743	UPI	Collected Amount	15,644.00
2	9/17/2024	MMH/MM/RECAP202401134	CARD	Advance Amount	5,000.00
3	9/20/2024	MMH/MM/RECAP202401151	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	24091702078	393,777.00