



To,

BEML ~~WIMMED~~ SOUDHA

VC

Dear Sir,
Please find enclosed bill details.

Patient Name : Hanumanth Reddy G
Hospital No. : MMH000274693
Authorisation No. :
TPA/Customer ID. :
Bill No. : MMH20ICR0000341
Discharge Date : 20/06/2020
Batch Inv. No. : B0000032493
Batch Inv. Date : 22-Jun-2020
Authorised Amount :
Total Bill Amount : 72712.00 *64538*
(Rupees Seventy Two Thousand Seven Hundred Twelve Only)

Check list of document together with documents are also attached.
Kindly quote the above invoice number in all your correspondence related to billing and while making payments. While settling the bills in the payment advice please indicate clearly TDS amount and details for disallowance, if any.

Further please note that all cheques should be drawn in favor of MANIPAL HEALTH ENTERPRISES PVT.LTD

Thanking you and assuring your of your best attention and services always.

Yours faithfully



1908292449
30/6

For DR MALATHI MANIPAL HOSPITAL BANGALORE,
AUTHORIZED SIGNATORY

BILLING / ADMISSION COUNTER MMH

22 Jun 2020
Dr. Malathi Manipal Hospital

#45/1, 45th Cross, 9th Block, Jayanagar, Bengaluru 560 069 P +91 80 4009 1000 www.manipalhospitals.com
Toll free Appointment Helpline: 1800 3001 4000

Registered office
Manipal Health Enterprises Pvt Ltd

The Annexe, #98/2, Rustum Bagh Road, Off HAL Airport Road, Bangalore 560 017 P +91 80 4936 0300 www.manipalhospitals.com
CIN: U85110KA2010PTC052540



(2)



Date: 20/06/2020 : 02:24PM

IN-PATIENT FINAL BILL OF SUPPLY

Bill No.: MMH20ICR0000341

Payor: BEML ~~Harneet~~ SOODHA

Auth. Code: 27302

Name : MR HANUMANTH REDDY G
 Age/Sex : 81 years/Male
 Address : 224 SAMYUKTHA 3RD MAIN
 JUDICIAL LAYOUT, TALGATPURA
 BANGALORE, KARNATAKA, INDIA,
 560062
 Ward : 03 B WING MMH
 Bed : 0318A/SEMI SPECIAL MMH
 Dept : GENERAL SURGERY MMH
 Doctor : DR ASHOK G N
 GSTIN : 29AAGCM5933R2ZK

Hospital No : MMH000274693
 InPatient No : I0000061646
 Admission Date : 16/06/2020
 Admission Time : 08:30AM
 Discharge Date : 20/06/2020
 Discharge Time : 01:57PM
 No. of Days : 5
 PAN NO : AAGCM5933R

S.No.	Particulars	Amount (Rs.)
1	Procedure	4500.00
2	Bed Charges SAC:999311	4625.00
3	Service Nursing Charges SAC:999314	1875.00
4	Admission Charges SAC:999311	300.00
5	Theatre Charges SAC:999311	3300.00
6	Surgeon Fee SAC:999311	21000.00
7	Anaesthetists Fees SAC:999311	5250.00
8	SURGICAL SUPPORT FEE SAC:999311	6300.00
9	Consultation IP SAC:999311 - DR ARAVINDA G M	1500.00
10	Consultation IP SAC:999311 - DR ASHOK G N	3240.00
11	Consultation IP SAC:999311 - DR DEEPA D	1870.00
12	Consultation IP SAC:999311 - DR R MANJUNATH	1000.00
13	Consultation IP SAC:999311 - DR SRIHARI DAS K P	600.00
14	Medical Equipment SAC:999311	330.00
15	Biochemistry SAC:999316	1650.00
16	Haematology SAC:999316	1400.00



Page 1 of 3

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 CIN: U85110KA2010PTC052540

53490



Date: 20/06/2020 : 02:24 PM

IN-PATIENT FINAL BILL OF SUPPLY

Bill No.: MMH20ICR0000341

Payor: BEML ~~Malathi~~ Soudha

Auth. Code: 27302

Name : MR HANUMANTH REDDY G	Hospital No : MMH000274693
Age/Sex : 81 years/Male	InPatient No : I0000061646

S.No. Particulars

17 Microbiology SAC:999316
18 Procedures SAC:999311
19 Physiotherapy SAC:999314
20 Medicines SAC:999311
21 Materials SAC:999311
22 Diet SAC:999311
23 Administrative SAC:999311

3250	4330.00
	550.00
	330.00
12090	13012.87
11200	11627.05
	1380.00
	510.00

Total	90480.00
Policy Discount	9827.50
Net Amount	80652.00

(-)

Patient Share	7940.00
Payments	7940.00
Net Payable	0.00

72478
64538.00

BEML Limited Share	72712.00
Net Payable	72712.00

Payment Details



Page 2 of 3



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Bill No.: MMH20ICR0000341

Payor: BEML ~~Souledor~~ Soudita

Auth. Code: 27302

Name : MR HANUMANTH REDDY G	Hospital No : MMH000274693
Age/Sex : 81 years/Male	InPatient No : I0000061646

Receipt No.	Mode	Date	Receipt Amt.	Adjusted Amt.
MMH/20-21/DP/1526	Credit Card	20/06/2020	7940.00	7940.00

For DR MALATHI MANIPAL HOSPITAL BANGALORE

Generated By
(SAHANA R N)

Printed By
(Rakshitha Kumari)



A handwritten signature in black ink, appearing to read "Rakshitha Kumari", is written diagonally across the bottom right of the stamp.

- * Note: Unless otherwise stated, tax on this invoice is not payable
- * Restriction on CASH receipt of Rs 2-lakh or more w.e.f.01.04.2017, limit applies to single transactions or in aggregate for entire admission (Hospitalization period)

Honumatha reddy

274693

61687

1)	Covid charges -	4500 /
2)	Admission charge -	300 /
3)	Avegard handrub -	250 -
4)	Bed bath towel -	297 /
5)	Face mask -	315 /
6)	mask ply -	128 /
7)	N95 -	95 /
8)	Cover arthroscopy -	45
9)	Cover shoe -	120 /
10)	Diet -	1380 /
11)	therapeutic -	510 /
<hr/>		
7940.		
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ADVANCE RECEIPT

Hosp. No. : MMH000274693

Recpt. No. : MMH/20-21/DP/1526

Patient Name: MR HANUMANTH REDDY G Date

: 20/06/2020 02:24PM

Received with thanks a sum of Rs. 7940.00 (Rupees Seven Thousand Nine Hundred Forty only) from MR HANUMANTH REDDY G towards advance towards Advance by Credit Card No. 4490 dated 20/06/2020.

Rs 7940/-

Generated By
(Rakshitha Kumari)

Printed By
(ARPITHA)

Manager

NOTE:

- Original Receipt has to be produced for collecting any refunds.
- Refund above 10,000 will be given by Cheque after 2 days
- Restriction on CASH receipt of Rs 2-lakh or more w.e.f.01.04.2017, limit single transactions or in aggregate for entire admission (Hospitalization)



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