

IN PATIENT SUMMARY BILL

UHID	: MH00573	Bill No	: MMH/MH/IP202401033
IP No	: IP2024001042	Bill Date	: 12/05/2024
Patient name	: Mrs.LALITHA A V	DOA	: 6/5/2024 1:55PM
Age	: 71 Y 7 M 23 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 38,700.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 12,900.00
6	INTENSIVIST CHARGES	₹ 13,500.00
7	LABORATORY	₹ 40,276.00
8	NURSING CHARGE	₹ 9,800.00
9	OTHER ADDITION	₹ 17,873.00
10	PHARMACY CHARGE	₹ 27,125.00
11	PHYSIOTHERAPY	₹ 4,200.00
12	PROFESSIONAL TEAM FEES	₹ 10,450.00
13	RADIOLOGY	₹ 11,780.00
Gross Amount		₹ 190,704.00
Sanction Amount		₹ 175,460.00
Net Payable		₹ 190,704.00
Received Amount		₹ 0.00
Amount Payable		₹ 15,244.00

Received Amount in Words : Zero Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	121495139	175,460.00