

IN PATIENT SUMMARY BILL

UHID	: MH00624	Bill No	: MMH/MH/IP202401006
IP No	: IP2024001004	Bill Date	: 09/05/2024
Patient name	: Mr.GANESAN .M.V	DOA	: 1/5/2024 8:35PM
Age	: 77 Y 8 M 24 D/Male	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	₹ 37,200.00
3	DIET CHARGES	₹ 5,750.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 1,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 23,058.00
8	NURSING CHARGE	₹ 6,800.00
9	OTHER ADDITION	₹ 9,733.00
10	PHARMACY CHARGE	₹ 34,273.00
11	PROFESSIONAL TEAM FEES	₹ 13,750.00
12	RADIOLOGY	₹ 29,840.00
13	TRANSPORT	₹ 3,500.00

Gross Amount	₹ 172,754.00
Sanction Amount	₹ 164,904.00
Net Payable	₹ 172,754.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 0.00
Amount Payable	₹ 2,850.00

Received Amount in Words : Five Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH2024015	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	121442821	164,904.00