

IN PATIENT SUMMARY BILL

UHID	: MH08111	Bill No	: MMH/MH/IP202401358
IP No	: IP2024001335	Bill Date	: 25/06/2024
Patient name	: Mr.ALAGESAN K B	DOA	: 15/6/2024 9:23AM
Age	: 66 Y 0 M 20 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	₹ 36,325.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 9,500.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 35,916.00
9	NURSING CHARGE	₹ 9,600.00
10	OPERATION THEATRE CHARGES	₹ 18,550.00
11	OTHER ADDITION	₹ 46,108.00
12	PHARMACY CHARGE	₹ 100,488.00
13	PHYSIOTHERAPY	₹ 4,100.00
14	PROFESSIONAL TEAM FEES	₹ 40,150.00
15	RADIOLOGY	₹ 27,740.00
Gross Amount		₹ 345,402.00
Sanction Amount		₹ 328,857.00
Net Payable		₹ 345,402.00
Advance Amount		₹ 16,545.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Five Hundred Forty-Five Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402190	UPI	Advance Amount	3,000.00
2	6/22/2024	MMH/MH/RECH202402313	CASH	Advance Amount	13,545.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	TP00397000024900033548	328,857.00