

IN PATIENT SUMMARY BILL

UHID	: MH08448	Bill No	: MMH/MH/IP202401036
IP No	: IP2024001050	Bill Date	: 12/05/2024
Patient name	: Mrs.USHA VIJAYAKUMAR	DOA	: 8/5/2024 10:15AM
Age	: 62 Y 0 M 4 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.VIJAYAN.J	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 3,200.00
6	LABORATORY	₹ 12,688.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 2,569.00
9	PHARMACY CHARGE	₹ 9,964.00
10	PROFESSIONAL TEAM FEES	₹ 11,550.00
11	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 57,621.00
Sanction Amount		₹ 44,660.00
Net Payable		₹ 57,621.00
Advance Amount		₹ 12,961.00
Received Amount		₹ 0.00

Received Amount in Words : Twelve Thousand Nine Hundred Sixty-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	3,000.00
2	11/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	9,961.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	121573185	44,660.00