

IN PATIENT SUMMARY BILL

UHID : MH11028

IP No : IP2024001388

Patient name : Mr.ARAVAMUTHAN.T

Age : 68 Y 0 M 4 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401334

Bill Date : 22/06/2024

DOA : 20/6/2024 5:56PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MDINDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 11,175.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 8,800.00
10	OTHER ADDITION	₹ 3,049.00
11	PHARMACY CHARGE	₹ 13,633.00
12	PROFESSIONAL TEAM FEES	₹ 25,300.00
13	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 78,857.00
Sanction Amount		₹ 75,994.00
Net Payable		₹ 78,857.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 137.00

Received Amount in Words : Three Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/20/2024	MMH/MH/RECH202402284	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18659548	75,994.00