

IN PATIENT SUMMARY BILL

UHID : MH16879

IP No : IP2024001692

Patient name : Ms.RAJALAKSHMI.M

Age : 60 Y 6 M 25 D/Female

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202401654

Bill Date : 31/07/2024

DOA : 28/7/2024 8:18PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : HEALTH INSURANCE TPA HITPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 18,150.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 2,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 2,018.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 14,850.00
11	OTHER ADDITION	₹ 9,465.00
12	PHARMACY CHARGE	₹ 52,695.00
13	PROFESSIONAL TEAM FEES	₹ 64,900.00
14	RADIOLOGY	₹ 2,106.00
Tax Amount : 715.00		
Gross Amount		₹ 176,649.00
Sanction Amount		₹ 171,694.00
Net Payable		₹ 176,649.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 45.00

Received Amount in Words : Five Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/28/2024	MMH/MH/RECH202402876	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200133749	171,694.00