

**IN PATIENT SUMMARY BILL**

UHID : MH23836  
IP No : IP2023002600  
Patient name : Mr.NATARAJAN L  
Age : 74/Male

Consultant Name : Emergency Doctor

Bill No : MMH/MH/IP00111  
Bill Date : 10/12/2023  
DOA : 27/11/2023 4:30PM  
DOD :  
Entity Type : Insurance  
Entity Name : NATIONAL INSURANCE  
TPA : COMPASSION INDIA TPA  
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 6,300.00
4	GENERAL PROCEDURE	₹ 4,000.00
5	LABORATORY	₹ 33,906.00
6	NURSING CHARGE	₹ 6,750.00
7	OTHER ADDITION	₹ 13,828.00
8	PHARMACY CHARGE	₹ 48,208.00
9	PROFESSIONAL TEAM FEES	₹ 15,400.00
10	RADIOLOGY	₹ 20,380.00
Gross Amount		₹ 186,922.00
Sanction Amount		₹ 56,922.00
Net Payable		₹ 186,922.00
Advance Amount		₹ 135,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,000.00

Received Amount in Words : One Lakh Thirty-Five Thousand Only

KARTHIK C  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 18:31:44.003	MMH/MH/RECH00098	CARD	Advance Amount	10,000.00
2	2023-12-06 16:49:00.630	MMH/MH/RECH00209	CARD	Advance Amount	125,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	35516551	56,922.00