

IN PATIENT SUMMARY BILL

UHID	: MH23934	Bill No	: MMH/MH/IP202401204
IP No	: IP2024001229	Bill Date	: 06/06/2024
Patient name	: Mrs.THENMOZHI	DOA	: 1/6/2024 2:09PM
Age	: 53 Y 10 M 25 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: HEALTH INDIA TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 3,600.00
6	LABORATORY	₹ 29,074.00
7	NURSING CHARGE	₹ 2,000.00
8	OTHER ADDITION	₹ 4,461.55
9	PHARMACY CHARGE	₹ 6,044.45
10	PROFESSIONAL TEAM FEES	₹ 4,400.00
11	RADIOLOGY	₹ 5,030.00
Gross Amount		₹ 61,085.00
Sanction Amount		₹ 45,085.00
Net Payable		₹ 61,085.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/06/2024	MMH/MH/RECH20240201	UPI	Advance Amount	3,000.00
2	03/06/2024	MMH/MH/RECH20240201	UPI	Advance Amount	13,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	HI-NIA-002958608	45,085.00