

IN PATIENT SUMMARY BILL

UHID	: MH28252	Bill No	: MMH/MH/IP202400489
IP No	: IP2024000466	Bill Date	: 05/03/2024
Patient name	: Mr.SENTHIL KUMAR	DOA	: 29/2/2024 4:26PM
Age	: 42/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 2,000.00
5	LABORATORY	₹ 15,625.00
6	NURSING CHARGE	₹ 3,200.00
7	OTHER ADDITION	₹ 220.00
8	PHARMACY CHARGE	₹ 11,360.00
9	PROFESSIONAL TEAM FEES	₹ 9,900.00
10	RADIOLOGY	₹ 7,680.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 75,135.00
Sanction Amount		₹ 67,435.00
Net Payable		₹ 75,135.00
Advance Amount		₹ 7,700.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Seven Hundred Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/03/2024	MMH/MH/RECH20240080	CARD	Advance Amount	7,700.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	DEL-0324-PA-0000135	67,435.00