

IN PATIENT SUMMARY BILL

UHID : MH28437
IP No : IP2023002775
Patient name : Mr.SUDHAKAR T
Age : 47 Y 3 M 13 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00233
Bill Date : 26/12/2023
DOA : 20/12/2023 10:00PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA ASSURANCE CO. LTD
TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	BLOOD COMPONENTS	₹ 24,800.00
4	EQUIPMENT	₹ 55,700.00
5	GENERAL PROCEDURE	₹ 6,500.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 34,132.00
8	NURSING CHARGE	₹ 6,000.00
9	OPERATION THEATRE CHARGES	₹ 9,850.00
10	OTHER ADDITION	₹ 29,536.00
11	PHARMACY CHARGE	₹ 421,757.00
12	PROFESSIONAL TEAM FEES	₹ 29,150.00
13	RADIOLOGY	₹ 4,200.00

Gross Amount	₹ 653,475.00
Sanction Amount	₹ 300,000.00
Net Payable	₹ 653,475.00
Advance Amount	₹ 417,471.00
Received Amount	₹ 0.00
Refund Amount	₹ 63,996.00

Received Amount in Words : Four Lakh Seventeen Thousand Four Hundred
Seventy-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/12/2023	MMH/MH/RECH00444	CHEQUE	Advance Amount	67,471.00
2	22/12/2023	MMH/MH/RECH00445	CARD	Advance Amount	200,000.00
3	23/12/2023	MMH/MH/RECH00457	CARD	Advance Amount	150,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	231200280136	300,000.00