

IN PATIENT SUMMARY BILL

UHID : MH29451

IP No : IP2024001394

Patient name : Mrs.SUDHA.M

Age : 57 Y 0 M 18 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401404

Bill Date : 30/06/2024

DOA : 21/6/2024 9:45PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 31,800.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 9,500.00
6	GENERAL PROCEDURE	₹ 1,700.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	LABORATORY	₹ 35,969.00
10	NURSING CHARGE	₹ 7,200.00
11	OPERATION THEATRE CHARGES	₹ 14,850.00
12	OTHER ADDITION	₹ 17,983.00
13	PHARMACY CHARGE	₹ 48,989.00
14	PHYSIOTHERAPY	₹ 700.00
15	PROFESSIONAL TEAM FEES	₹ 166,000.00
16	RADIOLOGY	₹ 1,380.00
Gross Amount		₹ 346,621.00
Sanction Amount		₹ 336,011.00
Net Payable		₹ 346,621.00
Advance Amount		₹ 10,610.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Six Hundred Ten Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MH/RECH202402381	CARD	Advance Amount	10,610.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38482146	336,011.00