

IN PATIENT SUMMARY BILL

UHID	:	MH32841	Bill No	:	MMH/MH/IP202400853
IP No	:	IP2024000874	Bill Date	:	20/04/2024
Patient name	:	Mr.SRINIVASAN PJ	DOA	:	15/4/2024 10:40AM
Age	:	62 Y 6 M 0 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.ARUNKUMAR.I	TPA	:	HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 2,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 600.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,684.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 21,350.00
10	OTHER ADDITION	₹ 25,593.00
11	PHARMACY CHARGE	₹ 92,207.00
12	PHYSIOTHERAPY	₹ 1,400.00
13	PROFESSIONAL TEAM FEES	₹ 82,500.00
14	RADIOLOGY	₹ 9,264.00
15	TRANSPORT	₹ 2,000.00
Gross Amount		₹ 262,698.00
Sanction Amount		₹ 248,685.00
Net Payable		₹ 262,698.00
Advance Amount		₹ 14,013.00
Received Amount		₹ 0.00

Received Amount in Words : Fourteen Thousand Thirteen Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	3,000.00
2	18/04/2024	MMH/MH/RECH2024014	CASH	Advance Amount	11,013.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200018641	248,685.00