

IN PATIENT SUMMARY BILL

UHID : MH35785

IP No : IP2024001303

Patient name : Mr.BALAJI S

Age : 42 Y 10 M 0 D/Male

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202401269

Bill Date : 14/06/2024

DOA : 10/6/2024 2:18PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : ~~PAR~~RAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DIALYSIS / DIALYZER	₹ 3,300.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
6	GENERAL PROCEDURE	₹ 4,000.00
7	LABORATORY	₹ 4,135.00
8	NURSING CHARGE	₹ 2,000.00
9	PHARMACY CHARGE	₹ 15,403.00
10	PROFESSIONAL TEAM FEES	₹ 2,400.00
Gross Amount		₹ 44,088.00
Sanction Amount		₹ 32,255.00
Net Payable		₹ 44,088.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 12,057.00
Refund Amount		₹ 15,224.00

Received Amount in Words : Twenty-Seven Thousand Fifty-Seven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/10/2024	MMH/MH/RECH202402147	UPI	Advance Amount	15,000.00
2	6/14/2024	MMH/MH/REDH202412822	CHEQUE	Collected Amount	12,057.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	6793001	32,255.00