

IN PATIENT SUMMARY BILL

UHID : MH36111

IP No : IP2024000041

Patient name : Mr.NARASIMHAN GOVINDACHARIYAR

Age : 80 Y 6 M 5 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP2024000039

Bill Date : 06/01/2024

DOA : 5/1/2024 2:24PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA

TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	LABORATORY	₹ 936.00
6	NURSING CHARGE	₹ 750.00
7	OTHER ADDITION	₹ 4,292.00
8	PHARMACY CHARGE	₹ 3,112.00
9	PROFESSIONAL TEAM FEES	₹ 4,400.00
Gross Amount		₹ 19,240.00
Sanction Amount		₹ 15,364.00
Net Payable		₹ 19,240.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,124.00

Received Amount in Words : Five Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240000	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	36076582	15,364.00