

IN PATIENT SUMMARY BILL

UHID : MH37599

IP No : IP2024001223

Patient name : Mr.VIJAY ANAND

Age : 50 Y 0 M 6 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401213

Bill Date : 07/06/2024

DOA : 31/5/2024 9:20PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MHD DIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 3,700.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 14,472.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	OTHER ADDITION	₹ 4,067.00
12	PHARMACY CHARGE	₹ 14,112.00
13	PROFESSIONAL TEAM FEES	₹ 15,400.00
14	RADIOLOGY	₹ 3,200.00
Gross Amount		₹ 83,751.00
Sanction Amount		₹ 77,681.00
Net Payable		₹ 83,751.00
Advance Amount		₹ 6,070.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Seventy Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/3/2024	MMH/MH/RECH202402049	UPI	Advance Amount	6,070.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38155967	77,681.00