

IN PATIENT SUMMARY BILL

UHID : MH40553

IP No : IP2024000312

Patient name : Mr.GURURAG . K

Age : 31 Y 2 M 26 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202400347

Bill Date : 15/02/2024

DOA : 8/2/2024 9:06PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA

TPA : ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 1,000.00
5	LABORATORY	₹ 5,256.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 2,639.00
8	PHARMACY CHARGE	₹ 6,978.00
9	PROFESSIONAL TEAM FEES	₹ 13,200.00
10	RADIOLOGY	₹ 4,200.00
Gross Amount		₹ 46,623.00
Sanction Amount		₹ 41,905.00
Net Payable		₹ 46,623.00
Advance Amount		₹ 4,718.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Seven Hundred Eighteen Only

DINESH

Authorized Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/02/2024	MMH/MH/RECH2024004	UPI	Advance Amount	3,000.00
2	10/02/2024	MMH/MH/RECH2024005	UPI	Advance Amount	1,718.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	24020901551	41,905.00