

IN PATIENT SUMMARY BILL

UHID : MH45882

IP No : IP2024002176

Patient name : Mrs.MEENAKSHI CN

Age : 76 Y 3 M 25 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402142

Bill Date : 05/10/2024

DOA : 29/9/2024 12:02PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 6,500.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 25,759.00
8	NURSING CHARGE	₹ 6,800.00
9	OTHER ADDITION	₹ 10,684.00
10	PHARMACY CHARGE	₹ 15,538.00
11	PROFESSIONAL TEAM FEES	₹ 20,900.00
12	RADIOLOGY	₹ 17,120.00
Gross Amount		₹ 144,976.00
Sanction Amount		₹ 117,378.00
Net Payable		₹ 144,976.00
Advance Amount		₹ 24,876.00
Received Amount		₹ 2,722.00

Received Amount in Words : Twenty-Seven Thousand Five Hundred Ninety-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/REDH202421943	CHEQUE	Collected Amount	2,722.00
2	9/29/2024	MMH/MH/RECH202403820	CARD	Advance Amount	5,000.00
3	10/4/2024	MMH/MH/RECH202403901	CASH	Advance Amount	19,876.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	124926589	117,378.00