

IN PATIENT SUMMARY BILL

UHID : MH45882

IP No : IP2023002845

Patient name : Mrs.MEENAKSHI CN

Age : 75 Y 6 M 24 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400018

Bill Date : 03/01/2024

DOA : 30/12/2023 10:27AM

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	₹ 12,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	LABORATORY	₹ 20,376.00
6	NURSING CHARGE	₹ 2,250.00
7	OTHER ADDITION	₹ 6,133.00
8	PHARMACY CHARGE	₹ 15,159.00
9	PROFESSIONAL TEAM FEES	₹ 4,400.00
10	RADIOLOGY	₹ 5,880.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 71,748.00
Sanction Amount		₹ 70,057.00
Net Payable		₹ 71,748.00
Advance Amount		₹ 4,836.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,145.00

Received Amount in Words : Four Thousand Eight Hundred Thirty-Six Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00553	CARD	Advance Amount	3,000.00
2	02/01/2024	MMH/MH/RECH2024000	CHEQUE	Advance Amount	1,836.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118495292	70,057.00