

IN PATIENT SUMMARY BILL

UHID : MH46756
IP No : IPH2024000146
Patient name : Ms.SHANTHI K
Age : 66 Y 3 M 17 D/Female

Bill No : MMH/HM/IPH202400154
Bill Date : 22/01/2024
DOA : 19/1/2024 5:22PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
ASSURANCE CO. LTD

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 3,000.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 2,700.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 31,393.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 9,345.00
12	PROFESSIONAL FEES	₹ 10,000.00
13	PROFESSIONAL TEAM FEES	₹ 3,367.00

Gross Amount	₹	67,555.00
Sanction Amount	₹	49,851.00
Net Payable	₹	67,555.00
Advance Amount	₹	20,000.00
Received Amount	₹	0.00
Refund Amount	₹	2,296.00

Received Amount in Words : Twenty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	36257830	49,851.00