

IN PATIENT SUMMARY BILL

UHID : MH49304

IP No : IP2024002028

Patient name : Mrs.SAI PADMINI N

Age : 82 Y 0 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402013

Bill Date : 20/09/2024

DOA : 12/9/2024 7:55AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,125.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
6	EQUIPMENT	₹ 6,000.00
7	LABORATORY	₹ 33,879.00
8	NURSING CHARGE	₹ 4,400.00
9	OPERATION THEATRE CHARGES	₹ 10,550.00
10	OTHER ADDITION	₹ 1,398.00
11	PHARMACY CHARGE	₹ 90,031.00
12	PHYSIOTHERAPY	₹ 4,200.00
13	PROCEDURE CHARGES	₹ 450.00
14	PROFESSIONAL TEAM FEES	₹ 52,800.00
15	RADIOLOGY	₹ 10,654.00
Gross Amount		₹ 238,012.00
Sanction Amount		₹ 234,112.00
Net Payable		₹ 238,012.00
Advance Amount		₹ 106,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 102,100.00

Received Amount in Words : One Lakh Six Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/RECH202403538	CARD	Advance Amount	5,000.00
2	9/12/2024	MMH/MH/RECH202403564	CARD	Advance Amount	100,000.00
3	9/18/2024	MMH/MH/RECH202403631	CASH	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18853279	234,112.00