

IN PATIENT SUMMARY BILL

UHID : MH49304

IP No : IP2024002232

Patient name : Mrs.SAI PADMINI N

Age : 82 Y 1 M 2 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402214

Bill Date : 14/10/2024

DOA : 8/10/2024 1:55AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 4,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 7,850.00
8	NURSING CHARGE	₹ 3,600.00
9	OTHER ADDITION	₹ 8,012.00
10	PHARMACY CHARGE	₹ 4,105.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 4,950.00
13	RADIOLOGY	₹ 480.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 55,247.00
Sanction Amount		₹ 49,887.00
Net Payable		₹ 55,247.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 6,248.00
Refund Amount		₹ 10,888.00

Received Amount in Words : Sixteen Thousand Two Hundred Forty-Eight Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/14/2024	MMH/MH/REDH202422592	CHEQUE	Collected Amount	6,248.00
2	10/8/2024	MMH/MH/RECH202403947	CARD	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MDI8915798	49,887.00