

IN PATIENT SUMMARY BILL

UHID : MH49859
IP No : IP2023002570
Patient name : Mrs.NALINI S
Age : 45 Y 7 M 20 D/Female

Consultant Name : Dr.C.M.THIAAGARAJAN

Bill No : MMH/MH/IP00108
Bill Date : 10/12/2023
DOA : 25/11/2023 8:51PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA ASSURANCE CO. LTD
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 72,300.00
3	DIALYSIS / DIALYZER	₹ 11,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,300.00
5	EQUIPMENT	₹ 13,000.00
6	GENERAL PROCEDURE	₹ 6,500.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 41,720.00
9	NURSING CHARGE	₹ 14,750.00
10	OTHER ADDITION	₹ 29,085.00
11	PHARMACY CHARGE	₹ 121,372.00
12	PHYSIOTHERAPY	₹ 2,700.00
13	PROFESSIONAL TEAM FEES	₹ 38,500.00
14	RADIOLOGY	₹ 13,740.00
15	TRANSPORT	₹ 1,000.00

Gross Amount ₹ **384,717.00**
Sanction Amount ₹ **302,859.00**
Net Payable ₹ **384,717.00**
Advance Amount ₹ **81,858.00**
Received Amount ₹ **0.00**

Received Amount in Words : Eighty-One Thousand Eight Hundred
Fifty-Eight Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-25 20:52:12.213	MMH/MH/RECH00061	UPI	Advance Amount	50,000.00
2	2023-12-08 19:07:31.386	MMH/MH/RECH00238	CARD	Advance Amount	21,858.00
3	2023-12-10 13:45:34.580	MMH/MH/RECH00257	CHEQUE	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35465851	302,859.00