

IN PATIENT SUMMARY BILL

UHID : MH51028

IP No : IP2024001418

Patient name : Mrs.RAJALAKSHMI V

Age : 82 Y 3 M 0 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401397

Bill Date : 29/06/2024

DOA : 24/6/2024 4:13PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : ~~MD~~INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 15,981.00
7	NURSING CHARGE	₹ 4,000.00
8	OTHER ADDITION	₹ 2,635.00
9	PHARMACY CHARGE	₹ 35,810.00
10	PROFESSIONAL TEAM FEES	₹ 11,000.00
11	RADIOLOGY	₹ 14,480.00
Gross Amount		₹ 110,706.00
Sanction Amount		₹ 108,748.00
Net Payable		₹ 110,706.00
Advance Amount		₹ 1,958.00
Received Amount		₹ 1,225.00
Refund Amount		₹ 1,225.00

Received Amount in Words : Three Thousand One Hundred Eighty-Three Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402423	CARD	Advance Amount	1,958.00
2	6/29/2024	MMH/MH/REDH202413992	CHEQUE	Collected Amount	1,225.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18667841	108,748.00