

IN PATIENT SUMMARY BILL

UHID	: MH51578	Bill No	: MMH/MH/IP202401613
IP No	: IP2024001512	Bill Date	: 27/07/2024
Patient name	: Mr.PRASAD PV	DOA	: 6/7/2024 11:37AM
Age	: 64 Y 10 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.CM THIAGARAJAN	TPA	: MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 94,350.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 3,300.00
5	DIET CHARGES	₹ 3,500.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 9,750.00
7	EQUIPMENT	₹ 185,850.00
8	GENERAL PROCEEDURE	₹ 35,200.00
9	INJECTION CHARGES	₹ 200.00
10	INTENSIVIST CHARGES	₹ 12,000.00
11	LABORATORY	₹ 68,566.00
12	NURSING CHARGE	₹ 18,400.00
13	OPERATION THEATRE CHARGES	₹ 33,550.00
14	OTHER ADDITION	₹ 302,681.00
15	PHARMACY CHARGE	₹ 494,225.00
16	PHYSIOTHERAPY	₹ 6,300.00
17	PROFESSIONAL TEAM FEES	₹ 421,350.00
18	RADIOLOGY	₹ 41,636.00
Gross Amount		₹ 1,731,708.00
Sanction Amount		₹ 1,621,349.00
Net Payable		₹ 1,731,708.00
Received Amount		₹ 110,359.00

Received Amount in Words : One Lakh Ten Thousand Three Hundred Fifty-Nine Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/21/2024	MMH/MH/REDH202418281	CHEQUE	Collected Amount	110,359.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38818869	1,621,349.00