

IN PATIENT SUMMARY BILL

UHID : MH52855
IP No : IP2023002630
Patient name : Mr.VADIVEL D
Age : 42/Male

Consultant Name : Dr.DIVAKAR.D

Bill No : MMH/MH/IP00072
Bill Date : 03/12/2023
DOA : 1/12/2023 12:46PM
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	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 3,480.00
5	NURSING CHARGE	₹ 750.00
6	OTHER ADDITION	₹ 5,652.00
7	PHARMACY CHARGE	₹ 41,221.00
8	RADIOLOGY	₹ 5,580.00
Gross Amount		₹ 62,683.00
Sanction Amount		₹ 62,683.00
Net Payable		₹ 62,683.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	117875352	62,683.00