

IN PATIENT SUMMARY BILL

UHID	: MH53206	Bill No	: MMH/MH/IP202400840
IP No	: IP2024000843	Bill Date	: 17/04/2024
Patient name	: Mrs.RAJESHWARI M	DOA	: 10/4/2024 12:32PM
Age	: 63 Y 7 M 6 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.SUBRAMANIYAM	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 25,200.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	GENERAL PROCEDURE	₹ 2,250.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 15,412.00
8	NURSING CHARGE	₹ 4,800.00
9	OPERATION THEATRE CHARGES	₹ 8,050.00
10	OTHER ADDITION	₹ 9,798.00
11	PHARMACY CHARGE	₹ 27,375.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROFESSIONAL TEAM FEES	₹ 30,800.00
14	RADIOLOGY	₹ 9,600.00
Gross Amount		₹ 142,435.00
Sanction Amount		₹ 121,408.00
Net Payable		₹ 142,435.00
Advance Amount		₹ 21,027.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-One Thousand Twenty-Seven Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	5,000.00
2	16/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	16,027.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	37428257	121,408.00