

**IN PATIENT SUMMARY BILL**

UHID : MH55669  
IP No : IP2023002727  
Patient name : Mr.NAGARAJAN S  
Age : 65/Male

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP00276  
Bill Date : 31/12/2023  
DOA : 14/12/2023 1:57PM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
TPA : THE NEW INDIA ASSURANCE CO. LTD  
PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 26,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 84,300.00
4	BLOOD COMPONENTS	₹ 45,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
6	EQUIPMENT	₹ 78,100.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	INTENSIVIST CHARGES	₹ 21,000.00
9	LABORATORY	₹ 57,525.00
10	NURSING CHARGE	₹ 20,000.00
11	OTHER ADDITION	₹ 73,163.00
12	PHARMACY CHARGE	₹ 224,027.00
13	PHYSIOTHERAPY	₹ 12,900.00
14	PROFESSIONAL TEAM FEES	₹ 33,000.00
15	RADIOLOGY	₹ 15,588.00
Gross Amount		₹ 698,903.00
Sanction Amount		₹ 630,433.00
Net Payable		₹ 698,903.00
Advance Amount		₹ 68,470.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Eight Thousand Four Hundred Seventy  
Only

DINESH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/12/2023	MMH/MH/RECH00576	UPI	Advance Amount	68,470.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118219489	630,433.00