

**IN PATIENT SUMMARY BILL**

UHID	: MH55669	Bill No	: MMH/MH/IP00276
IP No	: IP2023002727	Bill Date	: 31/12/2023
Patient name	: Mr.NAGARAJAN S	DOA	: 14/12/2023 1:57PM
Age	: 65/Male	DOD	:
Consultant Name	: Dr.ARUN RAMANAN	Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
		TPA	: <b>ASSURANCE INDIA TPA</b> PVT LTD

<b>S.No</b>	<b>Description</b>	<b>Amount</b>
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
		<b>₹ 698,903.00</b>
		<b>₹ 630,433.00</b>
		<b>₹ 698,903.00</b>
		<b>₹ 68,470.00</b>
		<b>₹ 0.00</b>

<b>Received Amount in Words</b>	: Sixty-Eight Thousand Four Hundred Seventy Only	DINESH
		<b>Authorised Signature</b>

**Payment History**

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

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