

IN PATIENT SUMMARY BILL

UHID	:	MH55895	Bill No	:	MMH/MH/IP202401770
IP No	:	IP2024001806	Bill Date	:	18/08/2024
Patient name	:	Mr.NARAYANAN S	DOA	:	13/8/2024 11:19AM
Age	:	62 Y 0 M 5 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	EMDL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,450.00
6	GENERAL PROCEEDURE	₹ 900.00
7	LABORATORY	₹ 22,630.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 18,050.00
10	OTHER ADDITION	₹ 16,843.00
11	PHARMACY CHARGE	₹ 59,595.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROFESSIONAL TEAM FEES	₹ 55,000.00
14	RADIOLOGY	₹ 12,152.00
Gross Amount		₹ 206,320.00
Sanction Amount		₹ 188,320.00
Net Payable		₹ 206,320.00
Advance Amount		₹ 18,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/15/2024	MMH/MH/RECH202403152	UPI	Advance Amount	18,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	24081402079	188,320.00