

IN PATIENT SUMMARY BILL

UHID : MHI202371159
IP No : IPH2023002612
Patient name : Mr.KALIDASS R
Age : 56/Male

Bill No : MMH/HM/IPH00649
Bill Date : 30/12/2023
DOA : 27/12/2023 11:21AM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA
PVT LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 2,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 6,169.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,600.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 3,675.00
11	PROFESSIONAL FEES	₹ 6,000.00
12	PROFESSIONAL TEAM FEES	₹ 3,250.00
13	RADIOLOGY	₹ 1,140.00
14	ULTRASOUND	₹ 2,772.00

Gross Amount ₹ **35,256.00**
Sanction Amount ₹ **28,060.00**
Net Payable ₹ **35,256.00**
Advance Amount ₹ **7,196.00**
Received Amount ₹ **0.00**

Received Amount in Words : Seven Thousand One Hundred Ninety-Six Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/HM/RECAP00689	CARD	Advance Amount	5,000.00
2	29/12/2023	MMH/HM/RECAP00736	CARD	Advance Amount	2,196.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35942216	28,060.00