

IN PATIENT SUMMARY BILL

UHID	:	MHI202373404	Bill No	:	MMH/MH/IP202401464
IP No	:	IP2024001508	Bill Date	:	10/07/2024
Patient name	:	Mr.SESHAGIRI K L	DOA	:	5/7/2024 10:30PM
Age	:	91/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEHIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 600.00
6	LABORATORY	₹ 13,859.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 3,322.00
9	PHARMACY CHARGE	₹ 9,113.00
10	PROFESSIONAL TEAM FEES	₹ 10,450.00
11	RADIOLOGY	₹ 8,480.00
Gross Amount		₹ 60,574.00
Sanction Amount		₹ 55,864.00
Net Payable		₹ 60,574.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,274.00
Refund Amount		₹ 3,564.00

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

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402523	CARD	Advance Amount	5,000.00
2	7/10/2024	MMH/MH/REDH202414935	CHEQUE	Collected Amount	3,274.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	TP00312210024900056152	55,864.00