

IN PATIENT SUMMARY BILL

UHID	:	MHI202378846	Bill No	:	MMH/MH/IP202401283
IP No	:	IP2024001250	Bill Date	:	17/06/2024
Patient name	:	Mrs.KALAIMANI N	DOA	:	3/6/2024 4:00PM
Age	:	70 Y 2 M 9 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	NATIONAL INSURANCE COMPANY
Consultant Name	:	Dr.SUPRAJA K	TPA	:	MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 48,350.00
3	DIET CHARGES	₹ 5,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 38,100.00
6	GENERAL PROCEDURE	₹ 2,500.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 37,048.00
9	NURSING CHARGE	₹ 11,200.00
10	OTHER ADDITION	₹ 11,957.00
11	PACKAGE	₹ 20,000.00
12	PHARMACY CHARGE	₹ 26,209.00
13	PHYSIOTHERAPY	₹ 1,400.00
14	PROFESSIONAL TEAM FEES	₹ 27,500.00
15	RADIOLOGY	₹ 4,280.00
16	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 251,269.00
Sanction Amount		₹ 223,216.00
Net Payable		₹ 251,269.00
Advance Amount		₹ 28,053.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Eight Thousand Fifty-Three Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/12/2024	MMH/MH/RECH202402171	CARD	Advance Amount	28,053.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	38215943	223,216.00