

IN PATIENT SUMMARY BILL

UHID	: MHI202378846	Bill No	: MMH/MH/IP202400822
IP No	: IP2024000826	Bill Date	: 15/04/2024
Patient name	: Mrs.KALAIMANI N	DOA	: 8/4/2024 12:26PM
Age	: 70 Y 0 M 7 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: NATIONAL INSURANCE COMPANY
Consultant Name	: Dr.SUPRAJA K	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 43,800.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 27,719.00
8	NURSING CHARGE	₹ 6,800.00
9	OTHER ADDITION	₹ 11,342.00
10	PHARMACY CHARGE	₹ 38,817.00
11	PHYSIOTHERAPY	₹ 2,100.00
12	PROFESSIONAL TEAM FEES	₹ 11,550.00
13	RADIOLOGY	₹ 5,180.00
14	TRANSPORT	₹ 2,500.00

Gross Amount	₹ 191,483.00
Sanction Amount	₹ 175,519.00
Net Payable	₹ 191,483.00
Advance Amount	₹ 15,964.00
Received Amount	₹ 0.00

Received Amount in Words	: Fifteen Thousand Nine Hundred Sixty-Four Only	KARTHIK C Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	10,000.00
2	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	5,964.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	37411401	175,519.00