

IN PATIENT SUMMARY BILL

UHID	: MHI202378846	Bill No	: MMH/MH/IP202401086
IP No	: IP2024001112	Bill Date	: 21/05/2024
Patient name	: Mrs.KALAIMANI N	DOA	: 16/5/2024 1:41PM
Age	: 70 Y 1 M 13 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	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 27,500.00
6	LABORATORY	₹ 23,517.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 3,951.00
9	PHARMACY CHARGE	₹ 19,712.00
10	PROFESSIONAL TEAM FEES	₹ 8,800.00
11	RADIOLOGY	₹ 1,344.00
Gross Amount		₹ 110,674.00
Sanction Amount		₹ 109,344.00
Net Payable		₹ 110,674.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,670.00

Received Amount in Words : Five Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	37967099	109,344.00