

IN PATIENT SUMMARY BILL

UHID	: MHI202379271	Bill No	: MMH/HM/IPH00408
IP No	: IPH202302374	Bill Date	: 30/11/2023
Patient name	: Ms.VAISHNAVI	DOA	: 27/11/2023 8:58PM
Age	: 21/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
Consultant Name	: Dr.K.JAISHANKAR		ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 7,000.00
3	CARDIOLOGY PACKAGE-HEART	₹ 75,749.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 120,000.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 396.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 11,685.00
15	PROFESSIONAL TEAM FEES	₹ 90,000.00
16	RADIOLOGY	₹ 400.00
Gross Amount		₹ 315,480.00
Sanction Amount		₹ 301,119.00
Net Payable		₹ 315,480.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 135,639.00

Received Amount in Words : One Lakh Fifty Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 21:09:45.980	MMH/HM/RECAP00393	CARD	Advance Amount	150,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CIR/2024/1111116/1208446	301,119.00