

IN PATIENT SUMMARY BILL

UHID : MHI202379918
IP No : IPH202302288
Patient name : Mrs.THARANI
Age : 52 Y 8 M 21 D/Female

Bill No : MMH/HM/IPH00388
Bill Date : 28/11/2023
DOA : 18/11/2023 10:43AM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
ASSURANCE CO. LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 32,500.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	CARDIOLOGY PACKAGE-HEART	₹ 5,100.00
5	DIET CHARGES	₹ 8,600.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
7	EQUIPMENT	₹ 16,700.00
8	GENERAL PROCEDURE	₹ 200.00
9	LABORATORY	₹ 17,174.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 4,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 21,500.00
14	PHARMACY CHARGE	₹ 118,856.00
15	PHYSIOTHERAPY	₹ 9,100.00
16	RADIOLOGY	₹ 4,350.00
Gross Amount		₹ 245,680.00
Sanction Amount		₹ 196,545.00
Net Payable		₹ 245,680.00
Advance Amount		₹ 49,135.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Nine Thousand One Hundred
Thirty-Five Only

SRIVIDYA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-25 20:15:20.213	MMH/HM/RECAP00370	CARD	Advance Amount	49,135.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35129472	196,545.00