

IN PATIENT SUMMARY BILL

UHID	:	MMH202370280	Bill No	:	MMH/MH/IP202400504
IP No	:	IP2024000492	Bill Date	:	07/03/2024
Patient name	:	Mrs.KAMALAVALLI M	DOA	:	4/3/2024 12:49PM
Age	:	70 Y 0 M 4 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,268.00
8	NURSING CHARGE	₹ 800.00
9	OPERATION THEATRE CHARGES	₹ 4,750.00
10	PHARMACY CHARGE	₹ 7,685.48
11	PROFESSIONAL TEAM FEES	₹ 19,800.00
12	RADIOLOGY	₹ 7,200.00
Gross Amount		₹ 54,403.48
Net Payable		₹ 54,403.00
Advance Amount		₹ 10,480.00
Received Amount		₹ 0.00
Amount Payable		₹ 43,923.00

Received Amount in Words : Ten Thousand Four Hundred Eighty Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	10,480.00