

IN PATIENT SUMMARY BILL

UHID	:	MMH202370280	Bill No	:	MMH/MH/IP202400555
IP No	:	IP2024000522	Bill Date	:	14/03/2024
Patient name	:	Mrs.KAMALAVALLI M	DOA	:	7/3/2024 3:00AM
Age	:	70 Y 0 M 11 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	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 1,200.00
5	LABORATORY	₹ 5,171.00
6	NURSING CHARGE	₹ 2,400.00
7	OTHER ADDITION	₹ 5,483.00
8	PHARMACY CHARGE	₹ 4,780.00
9	PROFESSIONAL TEAM FEES	₹ 6,050.00
Gross Amount		₹ 35,934.00
Sanction Amount		₹ 28,752.00
Net Payable		₹ 35,934.00
Advance Amount		₹ 7,182.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand One Hundred Eighty-Two Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/03/2024	MMH/MH/RECH2024008	UPI	Advance Amount	5,000.00
2	09/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	2,182.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	36951285	28,752.00