

IN PATIENT SUMMARY BILL

UHID	: MMH202370280	Bill No	: MMH/MH/IP202400771
IP No	: IP2024000750	Bill Date	: 10/04/2024
Patient name	: Mrs.KAMALAVALLI M	DOA	: 31/3/2024 12:13PM
Age	: 70 Y 1 M 7 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	₹ 22,000.00
3	DIET CHARGES	₹ 4,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 18,011.00
8	NURSING CHARGE	₹ 6,400.00
9	OTHER ADDITION	₹ 17,733.00
10	PHARMACY CHARGE	₹ 108,601.00
11	PROFESSIONAL TEAM FEES	₹ 17,050.00
12	RADIOLOGY	₹ 480.00
Gross Amount		₹ 204,925.00
Sanction Amount		₹ 173,011.00
Net Payable		₹ 204,925.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 33,546.00
Refund Amount		₹ 16,632.00

Received Amount in Words : Forty-Eight Thousand Five Hundred Forty-Six Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/MH/RECH20240111	CARD	Advance Amount	5,000.00
2	01/04/2024	MMH/MH/RECH20240111	CARD	Advance Amount	10,000.00
3	10/04/2024	MMH/MH/REDH20240751	CHEQUE	Collected Amount	33,546.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	37360619	173,011.00