

**IN PATIENT SUMMARY BILL**

UHID : MMH202370602  
IP No : IP2023002693  
Patient name : Mrs.VIJAYALAKSHMI.S  
Age : 53 Y 11 M 23 D/Female

Consultant Name : Dr.SENTHIL KUMAR E

Bill No : MMH/MH/IP00125  
Bill Date : 12/12/2023  
DOA : 11/12/2023 7:06AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
TPA : THE NEW INDIA ASSURANCE CO. LTD  
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	LABORATORY	₹ 2,232.00
6	NURSING CHARGE	₹ 750.00
7	OTHER ADDITION	₹ 1,949.00
8	PHARMACY CHARGE	₹ 19,429.50
9	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 41,560.50
Sanction Amount		₹ 37,492.00
Net Payable		₹ 41,561.00
Advance Amount		₹ 4,069.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Sixty-Nine Only

DINESH

Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-11 23:10:39.520	MMH/MH/RECH00281	CARD	Advance Amount	4,069.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	500401-4218-23-3-700081-0	37,492.00