

**IN PATIENT SUMMARY BILL**

UHID : MHI202380611  
IP No : IPH202302365  
Patient name : Mr.RAMESH.P.P  
Age : 68 Y 4 M 6 D/Male

Bill No : MMH/HM/IPH00413  
Bill Date : 30/11/2023  
DOA : 27/11/2023 10:34AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
ASSURANCE CO. LTD

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 14,000.00
3	CARDIOLOGY PACKAGE-HEART	₹ 4,949.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 215,475.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 1,874.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 29,649.00
15	PROFESSIONAL TEAM FEES	₹ 70,000.00
16	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 349,197.00
Sanction Amount		₹ 345,516.00
Net Payable		₹ 349,197.00
Advance Amount		₹ 3,681.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Six Hundred Eighty-One Only

IYAPPAN R

Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 18:33:09.373	MMH/HM/RECAP00421	CARD	Advance Amount	3,681.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	5460250	345,516.00