

IN PATIENT SUMMARY BILL

UHID : MMH202370837

IP No : IP2024000187

Patient name : Ms.JOYCE THIRSHA

Age : 25 Y 7 M 8 D/Female

Consultant Name : Dr.ABINAYA SRINIVASAN

Bill No : MMH/MH/IP202400193

Bill Date : 27/01/2024

DOA : 25/1/2024 1:07PM

DOD :

Entity Type : Insurance

Entity Name : NATIONAL INSURANCE

TPA : COMPASSION INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,282.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 10,050.00
9	OTHER ADDITION	₹ 3,663.00
10	PHARMACY CHARGE	₹ 8,310.00
11	PROFESSIONAL TEAM FEES	₹ 26,400.00
Gross Amount		₹ 56,505.00
Sanction Amount		₹ 51,415.00
Net Payable		₹ 56,505.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,910.00

Received Amount in Words : Ten Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/01/2024	MMH/MH/RECH2024002	CARD	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
NATIONAL INSURANCE COMPANY LTD	36301062	51,415.00