

IN PATIENT SUMMARY BILL

UHID : MMH202371023

IP No : IP2024001566

Patient name : Mrs.JANNATHUL FIRDOUSE

Age : 26 Y 0 M 3 D/Female

Consultant Name : Dr.SRIVIDHYA.S

Bill No : MMH/MH/IP202401499

Bill Date : 14/07/2024

DOA : 12/7/2024 6:38AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 5,069.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 15,450.00
8	OTHER ADDITION	₹ 4,388.00
9	PHARMACY CHARGE	₹ 13,979.00
10	PROFESSIONAL TEAM FEES	₹ 33,000.00
Gross Amount		₹ 81,061.00
Sanction Amount		₹ 64,729.00
Net Payable		₹ 81,061.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,668.00

Received Amount in Words : Twenty Thousand Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402603	UPI	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	TP00397000024900044111	64,729.00