

**IN PATIENT SUMMARY BILL**

UHID : MHI202380921  
IP No : IPH202302326  
Patient name : Mr.SARAVANAN CHANDRASEKAR  
Age : 36 Y 4 M 16 D/Male

Bill No : MMH/HM/IPH00374  
Bill Date : 27/11/2023  
DOA : 22/11/2023 2:40PM  
DOD : 27/11/2023 7:12PM  
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	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 3,849.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 6,228.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 9,984.00
13	PROFESSIONAL TEAM FEES	₹ 8,000.00
14	RADIOLOGY	₹ 19,300.00

Gross Amount	₹ 74,511.00
Sanction Amount	₹ 64,417.00
Net Payable	₹ 74,511.00
Advance Amount	₹ 50,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 39,906.00

Received Amount in Words : Fifty Thousand Only

SANTHOSH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-22 14:46:10.536	MMH/HM/RECAP00340	UPI	Advance Amount	50,000.00
2	2023-11-27 10:58:19.680	MMH/HM/RECAP00380	CASH	Advance Amount	200,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CHE-1123-PA-0002886	64,417.00