

**IN PATIENT SUMMARY BILL**

UHID : MHI202380960  
IP No : IPH202302406  
Patient name : Mrs.ROSE AMARESAN  
Age : 61 Y 3 M 0 D/Female

Bill No : MMH/HM/IPH00460  
Bill Date : 07/12/2023  
DOA : 30/11/2023 9:19PM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
ASSURANCE CO. LTD

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 13,500.00
3	CARDIOLOGY PACKAGE-HEART	₹ 28,548.00
4	DIET CHARGES	₹ 5,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 2,472.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 4,800.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 20,694.00
12	PROFESSIONAL TEAM FEES	₹ 70,000.00
13	RADIOLOGY	₹ 1,400.00
Gross Amount		₹ 153,064.00
Sanction Amount		₹ 153,064.00
Net Payable		₹ 153,064.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SANTHOSH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35496701	153,064.00