

IN PATIENT SUMMARY BILL

UHID	: MMH202371294	Bill No	: MMH/MH/IP202400564
IP No	: IP2024000527	Bill Date	: 14/03/2024
Patient name	: Ms.SHWETHA	DOA	: 7/3/2024 9:15PM
Age	: 24 Y 3 M 20 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 4,804.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 4,870.00
9	PHARMACY CHARGE	₹ 11,154.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 7,700.00
Gross Amount		₹ 47,978.00
Sanction Amount		₹ 47,978.00
Net Payable		₹ 47,978.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 2,501.00
Refund Amount		₹ 5,501.00

Received Amount in Words : Five Thousand Five Hundred One Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/03/2024	MMH/MH/RECH2024008!	UPI	Advance Amount	3,000.00
2	14/03/2024	MMH/MH/REDH2024056.	CHEQUE	Collected Amount	2,501.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	36950944	47,978.00