

**IN PATIENT SUMMARY BILL**

UHID : MHI202381008  
IP No : IPH202302356  
Patient name : Mrs.MALATHY.V.K  
Age : 77 Y 2 M 28 D/Female

Bill No : MMH/HM/IPH00417  
Bill Date : 30/11/2023  
DOA : 25/11/2023 11:09PM  
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	₹ 28,000.00
3	DIET CHARGES	₹ 4,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 25,900.00
6	GENERAL PROCEDURE	₹ 3,459.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 28,952.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 6,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 27,335.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 12,500.00
15	RADIOLOGY	₹ 2,800.00
16	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 150,996.00
Sanction Amount		₹ 123,237.00
Net Payable		₹ 150,996.00
Advance Amount		₹ 27,759.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Seven Thousand Seven Hundred  
Fifty-Nine Only

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-25 23:31:21.873	MMH/HM/RECAP00371	CARD	Advance Amount	25,000.00
2	2023-11-29 21:51:14.050	MMH/HM/RECAP00424	CARD	Advance Amount	1,759.00
3	2023-11-29 21:58:28.706	MMH/HM/RECAP00425	CARD	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MDI8204117	123,237.00