

IN PATIENT SUMMARY BILL

UHID : MHI202381025
IP No : IPH202302487
Patient name : Mrs.ELANKODI B
Age : 36 Y 7 M 25 D/Female

Bill No : MMH/HM/IPH00541
Bill Date : 19/12/2023
DOA : 12/12/2023 12:19PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
ASSURANCE CO. LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 7,600.00
4	DIET CHARGES	₹ 8,600.00
5	EQUIPMENT	₹ 5,500.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	IMPLANT	₹ 80,360.00
8	LABORATORY	₹ 20,302.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 8,000.00
11	OP REGISTRATION	₹ 150.00
12	OPERATION THEATRE CHARGES	₹ 16,904.00
13	PHARMACY CHARGE	₹ 134,499.00
14	PHYSIOTHERAPY	₹ 345.00
15	RADIOLOGY	₹ 5,340.00

Gross Amount ₹ **315,000.00**
Sanction Amount ₹ **100,000.00**
Net Payable ₹ **315,000.00**
Advance Amount ₹ **215,000.00**
Received Amount ₹ **0.00**

Received Amount in Words : Two Lakh Fifteen Thousand Only

IYAPPAN R

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	HH272400148	100,000.00