

**IN PATIENT SUMMARY BILL**

UHID : MH52863  
IP No : IP2023002615  
Patient name : Mr.NARAYANASAMY V  
Age : 80 Y 6 M 2 D/Male

Bill No : MMH/MH/IP00055  
Bill Date : 02/12/2023  
DOA : 30/11/2023 11:12AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
TPA : THE NEW INDIA ASSURANCE CO. LTD  
PVT LTD

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	GENERAL PROCEDURE	₹ 1,000.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 750.00
7	OPERATION THEATRE CHARGES	₹ 8,800.00
8	OTHER ADDITION	₹ 4,146.00
9	PHARMACY CHARGE	₹ 12,162.36
10	PROFESSIONAL TEAM FEES	₹ 77,000.00

**Gross Amount** ₹ 107,858.36  
**Sanction Amount** ₹ 97,698.00  
**Net Payable** ₹ 107,858.00  
**Advance Amount** ₹ 10,160.00  
**Received Amount** ₹ 0.00

**Received Amount in Words** : Ten Thousand One Hundred Sixty Only

DINESH

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 11:15:48.213	MMH/MH/RECH00126	CARD	Advance Amount	5,000.00
2	2023-12-01 18:04:54.626	MMH/MH/RECH00149	CARD	Advance Amount	5,160.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35520580	97,698.00