

IN PATIENT SUMMARY BILL

UHID : MMH202371524
IP No : IP2023002627
Patient name : Mr.JAMAL MOHAMED S
Age : 29 Y 6 M 28 D/Male

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP00071
Bill Date : 03/12/2023
DOA : 30/11/2023 11:14PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA ASSURANCE CO. LTD
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 900.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 144.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 10,700.00
10	OTHER ADDITION	₹ 29,185.00
11	PHARMACY CHARGE	₹ 58,962.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROFESSIONAL TEAM FEES	₹ 102,000.00
Gross Amount		₹ 217,341.00
Sanction Amount		₹ 179,461.00
Net Payable		₹ 217,341.00
Advance Amount		₹ 37,880.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Seven Thousand Eight Hundred Eighty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-01 00:28:18.573	MMH/MH/RECH00142	CARD	Advance Amount	10,000.00
2	2023-12-02 20:44:06.063	MMH/MH/RECH00176	CARD	Advance Amount	27,880.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35528494	179,461.00