

IN PATIENT SUMMARY BILL

UHID : MMH202371550
IP No : IP2023002628
Patient name : Mr.GANESAN R
Age : 65 Y 1 M 14 D/Male

Consultant Name : Dr.CHANDRA MOHAN.V

Bill No : MMH/MH/IP00102
Bill Date : 08/12/2023
DOA : 1/12/2023 9:57AM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : THE NEW INDIA ASSURANCE CO. LTD
TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
4	GENERAL PROCEDURE	₹ 450.00
5	LABORATORY	₹ 5,264.00
6	NURSING CHARGE	₹ 3,750.00
7	OPERATION THEATRE CHARGES	₹ 7,000.00
8	OTHER ADDITION	₹ 8,427.00
9	PHARMACY CHARGE	₹ 25,939.00
10	PROFESSIONAL TEAM FEES	₹ 49,500.00
11	RADIOLOGY	₹ 1,080.00

Gross Amount	₹ 126,260.00
Sanction Amount	₹ 117,118.00
Net Payable	₹ 126,260.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 5,384.00
Refund Amount	₹ 1,242.00

Received Amount in Words : Ten Thousand Three Hundred Eighty-Four
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-01 10:06:44.386	MMH/MH/RECH00143	CASH	Advance Amount	5,000.00
2	2023-12-08 20:30:52.523	MMH/MH/REDH01147	CHEQUE	Collected Amount	5,384.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	117861300	117,118.00