

IN PATIENT SUMMARY BILL

UHID : MHI202381128
IP No : IPH202302425
Patient name : Mr.VARADHAN V
Age : 68 Y 4 M 22 D/Male

Bill No : MMH/HM/IPH00466
Bill Date : 07/12/2023
DOA : 3/12/2023 5:28PM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
ASSURANCE CO. LTD

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 14,000.00
3	CARDIOLOGY PACKAGE-HEART	₹ 14,335.00
4	DIET CHARGES	₹ 3,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 6,264.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,200.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 10,583.00
12	PROFESSIONAL TEAM FEES	₹ 12,000.00

Gross Amount	₹	67,832.00
Sanction Amount	₹	56,259.00
Net Payable	₹	67,832.00
Advance Amount	₹	25,000.00
Received Amount	₹	0.00
Refund Amount	₹	13,427.00

Received Amount in Words : Twenty-Five Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-03 17:39:25.27	MMH/HM/RECAP00449	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35614792	56,259.00