

**IN PATIENT SUMMARY BILL**

UHID : MMH202371663  
IP No : IP2023002660  
Patient name : Mrs.PONNUTHAAI R  
Age : 72 Y 11 M 21 D/Female

Consultant Name : Dr.C.M.THAGARAJAN

Bill No : MMH/MH/IP00203  
Bill Date : 22/12/2023  
DOA : 6/12/2023 2:53PM  
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	₹ 24,750.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
5	EQUIPMENT	₹ 7,000.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 880.00
8	LABORATORY	₹ 6,324.00
9	NURSING CHARGE	₹ 3,750.00
10	OPERATION THEATRE CHARGES	₹ 22,800.00
11	PHARMACY CHARGE	₹ 58,511.00
12	PROFESSIONAL TEAM FEES	₹ 115,019.00
13	RADIOLOGY	₹ 4,344.00
<b>Gross Amount</b>		₹ <b>250,728.00</b>
<b>Sanction Amount</b>		₹ <b>250,728.00</b>
<b>Net Payable</b>		₹ <b>250,728.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

Received Amount in Words : Zero Only

KARTHIK C  
Authorized 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	118120909	250,728.00