

IN PATIENT SUMMARY BILL

UHID	:	MMH202371723	Bill No	:	MMH/MH/IP202401261
IP No	:	IP2024001270	Bill Date	:	13/06/2024
Patient name	:	Mr.YOGESHAN K	DOA	:	5/6/2024 12:08PM
Age	:	66 Y 6 M 6 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MBDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 1,800.00
6	LABORATORY	₹ 75,371.00
7	NURSING CHARGE	₹ 4,400.00
8	OTHER ADDITION	₹ 14,557.00
9	PHARMACY CHARGE	₹ 32,277.00
10	PHYSIOTHERAPY	₹ 2,100.00
11	PROFESSIONAL TEAM FEES	₹ 15,950.00
12	RADIOLOGY	₹ 7,280.00
Gross Amount		₹ 184,810.00
Sanction Amount		₹ 138,350.00
Net Payable		₹ 184,810.00
Advance Amount		₹ 46,460.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Six Thousand Four Hundred Sixty Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/5/2024	MMH/MH/RECH202402074	CARD	Advance Amount	10,000.00
2	6/10/2024	MMH/MH/RECH202402153	CARD	Advance Amount	36,460.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38283392	138,350.00