

IN PATIENT SUMMARY BILL

UHID : MMH202371723

IP No : IP2024001358

Patient name : Mr.YOGESHAN K

Age : 66 Y 6 M 23 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401402

Bill Date : 30/06/2024

DOA : 18/6/2024 4:35AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 55,650.00
3	DIET CHARGES	₹ 6,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 15,750.00
5	EQUIPMENT	₹ 12,100.00
6	GENERAL PROCEDURE	₹ 2,200.00
7	LABORATORY	₹ 34,155.00
8	NURSING CHARGE	₹ 12,600.00
9	OTHER ADDITION	₹ 13,368.00
10	PHARMACY CHARGE	₹ 57,913.00
11	PHYSIOTHERAPY	₹ 11,100.00
12	PROFESSIONAL TEAM FEES	₹ 66,000.00
13	RADIOLOGY	₹ 33,560.00
Gross Amount		₹ 320,746.00
Sanction Amount		₹ 219,673.00
Net Payable		₹ 320,746.00
Advance Amount		₹ 90,240.00
Received Amount		₹ 10,833.00

Received Amount in Words : One Lakh One Thousand Seventy-Three Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MH/RECH202402230	CARD	Advance Amount	10,000.00
2	6/18/2024	MMH/MH/RECH202402231	CARD	Advance Amount	20,000.00
3	6/28/2024	MMH/MH/RECH202402404	CARD	Advance Amount	60,240.00
4	6/30/2024	MMH/MH/REDH202414019	CHEQUE	Collected Amount	10,833.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38390692	219,673.00