

IN PATIENT SUMMARY BILL

UHID	:	MMH202371723	Bill No	:	MMH/MH/IP202400645
IP No	:	IP2024000674	Bill Date	:	27/03/2024
Patient name	:	Mr.YOGESHAN K	DOA	:	23/3/2024 9:11AM
Age	:	66 Y 3 M 20 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEDURE	₹ 450.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 13,134.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 3,950.00
9	OTHER ADDITION	₹ 13,412.00
10	PHARMACY CHARGE	₹ 9,083.00
11	PROFESSIONAL TEAM FEES	₹ 13,750.00
Gross Amount		₹ 60,079.00
Sanction Amount		₹ 49,079.00
Net Payable		₹ 60,079.00
Advance Amount		₹ 11,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	11,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	37183243	49,079.00