

IN PATIENT SUMMARY BILL

UHID : MHI202381195

IP No : IP2024001782

Patient name : Mr.SURESH V.C

Age : 76 Y 4 M 9 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401745

Bill Date : 15/08/2024

DOA : 9/8/2024 2:04PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MHI ASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 2,650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,000.00
6	LABORATORY	₹ 16,582.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 4,734.00
9	PHARMACY CHARGE	₹ 10,077.00
10	PROFESSIONAL TEAM FEES	₹ 7,700.00
11	RADIOLOGY	₹ 5,744.00
Gross Amount		₹ 66,087.00
Sanction Amount		₹ 45,926.00
Net Payable		₹ 66,087.00
Advance Amount		₹ 20,161.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty Thousand One Hundred Sixty-One Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/12/2024	MMH/MH/RECH202403116	UPI	Advance Amount	20,161.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39194944	45,926.00