

**IN PATIENT SUMMARY BILL**

UHID : MMH202371820  
IP No : IP2023002686  
Patient name : Mrs.GEETHA S  
Age : 43 Y 5 M 24 D/Female

Bill No : MMH/MH/IP00156  
Bill Date : 16/12/2023  
DOA : 10/12/2023 10:57AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
ASSURANCE CO. LTD

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,450.00
4	LABORATORY	₹ 19,635.00
5	NURSING CHARGE	₹ 2,625.00
6	OTHERS	₹ 122.00
7	PHARMACY CHARGE	₹ 11,713.00
8	PROFESSIONAL TEAM FEES	₹ 6,600.00
9	RADIOLOGY	₹ 550.00
<b>Gross Amount</b>		₹ <b>53,670.00</b>
<b>Sanction Amount</b>		₹ <b>51,840.00</b>
<b>Net Payable</b>		₹ <b>53,670.00</b>
<b>Advance Amount</b>		₹ <b>5,000.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>
<b>Refund Amount</b>		₹ <b>3,170.00</b>

Received Amount in Words : Five Thousand Only

DINESH

Authorised 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	1167750	51,840.00