

**IN PATIENT SUMMARY BILL**

UHID : MMH202371923  
IP No : IP2023002710  
Patient name : Mr.RAJAN.S  
Age : 66 Y 6 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00172  
Bill Date : 19/12/2023  
DOA : 12/12/2023 8:23PM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
TPA : THE NEW INDIA ASSURANCE CO. LTD  
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
5	LABORATORY	₹ 4,983.00
6	NURSING CHARGE	₹ 1,500.00
7	OTHER ADDITION	₹ 129.00
8	PHARMACY CHARGE	₹ 5,613.00
9	PROFESSIONAL FEES	₹ 1,650.00
10	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 29,825.00
Sanction Amount		₹ 29,643.00
Net Payable		₹ 29,825.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,818.00

Received Amount in Words : Five Thousand Only

KARTHIK C  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/12/2023	MMH/MH/RECH00301	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35727691	29,643.00