

IN PATIENT SUMMARY BILL

UHID : MHI202381349

IP No : IPH2024000033

Patient name : Mrs.CECILIA SUBASHINI.H

Age : 60 Y 2 M 8 D/Female

Bill No : MMH/HM/IPH202400093

Bill Date : 11/01/2024

DOA : 4/1/2024 12:17PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 44,700.00
3	BLOOD COMPONENTS	₹ 2,050.00
4	DIET CHARGES	₹ 9,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 24,500.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 25,357.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,800.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 45,000.00
14	PHARMACY CHARGE	₹ 73,063.00
15	PHYSIOTHERAPY	₹ 9,100.00
16	PROFESSIONAL FEES	₹ 102,500.00
17	PROFESSIONAL TEAM FEES	₹ 2,000.00
18	RADIOLOGY	₹ 5,136.00
19	SURGICAL PACKAGE-HEART	₹ 10,799.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 376,655.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 376,655.00
Advance Amount		₹ 275,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 15,345.00

Received Amount in Words : Two Lakh Seventy-Five Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	100,000.00
2	05/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	100,000.00
3	05/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	75,000.00

S.No	Description	Amount
<b>Medical Claim</b>		<b>Claim No</b>
		<b>Sanction Amount</b>
THE NEW INDIA ASSURANCE CO. LTD	010600\28\22\P100000022	117,000.00