

IN PATIENT SUMMARY BILL

UHID : MHI202381349

IP No : IPH2024000461

Patient name : Mrs.CECILIA SUBASHINI.H

Age : 60 Y 3 M 26 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400469

Bill Date : 29/02/2024

DOA : 26/2/2024 5:19PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 3,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 3,049.00
7	LABORATORY	₹ 5,641.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 4,957.00
12	PROFESSIONAL TEAM FEES	₹ 6,000.00
Gross Amount		₹ 38,597.00
Sanction Amount		₹ 24,929.00
Net Payable		₹ 38,597.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 16,332.00

Received Amount in Words : Thirty Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/02/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA INSURANCE	119761870	24,929.00