

**IN PATIENT SUMMARY BILL**

UHID : MHI202381352  
IP No : IPH202302532  
Patient name : Mr.MANI PAZHANI  
Age : 59 Y 6 M 3 D/Male

Consultant Name : Dr.JAISHANKAR S

Bill No : MMH/HM/IPH00562  
Bill Date : 21/12/2023  
DOA : 18/12/2023 2:45PM  
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	₹ 1,100.00
2	BED CHARGES	₹ 10,250.00
3	BLOOD COMPONENTS	₹ 12,200.00
4	DIET CHARGES	₹ 3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 6,136.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	PHARMACY CHARGE	₹ 3,995.00
11	PROFESSIONAL TEAM FEES	₹ 9,150.00
Gross Amount		₹ 49,831.00
Sanction Amount		₹ 43,975.00
Net Payable		₹ 49,831.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 9,144.00

Received Amount in Words : Fifteen Thousand Only

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/HM/RECAP00570	CARD	Advance Amount	15,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	920000342304000001	43,975.00