

IN PATIENT SUMMARY BILL

UHID	: MMH202372160	Bill No	: MMH/MH/IP202401743
IP No	: IP2024001761	Bill Date	: 14/08/2024
Patient name	: Mr.MANIKANTAN R	DOA	: 5/8/2024 10:10PM
Age	: 85 Y 3 M 13 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.VASUDEVAN R	TPA	: TIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 28,750.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEEDURE	₹ 1,350.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 43,214.00
9	NURSING CHARGE	₹ 8,000.00
10	OPERATION THEATRE CHARGES	₹ 5,550.00
11	OTHER ADDITION	₹ 13,819.00
12	PHARMACY CHARGE	₹ 51,609.00
13	PHYSIOTHERAPY	₹ 2,100.00
14	PROFESSIONAL TEAM FEES	₹ 33,000.00
15	RADIOLOGY	₹ 12,876.00
Gross Amount		₹ 220,368.00
Sanction Amount		₹ 193,241.00
Net Payable		₹ 220,368.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 7,222.00
Refund Amount		₹ 10,095.00

Received Amount in Words : Thirty-Seven Thousand Two Hundred Twenty-Two Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MH/RECH202403019	CARD	Advance Amount	30,000.00
2	8/14/2024	MMH/MH/REDH202417805	CHEQUE	Collected Amount	7,222.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CHE-0824-PA-0000692	193,241.00