

### IN PATIENT SUMMARY BILL

UHID	:	MMH202372297	Bill No	:	MMH/MH/IP00232
IP No	:	IP2023002774	Bill Date	:	26/12/2023
Patient name	:	Ms.PRAVEENA	DOA	:	21/12/2023 6:24AM
Age	:	26 Y 0 M 3 D/Female	DOD	:	
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA
			TPA	:	ASSURANCE GROUP LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 8,341.00
6	NURSING CHARGE	₹ 1,875.00
7	OPERATION THEATRE CHARGES	₹ 16,350.00
8	OTHER ADDITION	₹ 12,260.00
9	PHARMACY CHARGE	₹ 47,916.00
10	PHYSIOTHERAPY	₹ 1,800.00
11	PROFESSIONAL TEAM FEES	₹ 28,600.00
12	RADIOLOGY	₹ 2,196.00

<b>Gross Amount</b>	₹ 130,238.00
<b>Sanction Amount</b>	₹ 127,982.00
<b>Net Payable</b>	₹ 130,238.00
<b>Advance Amount</b>	₹ 20,000.00
<b>Received Amount</b>	₹ 0.00
<b>Refund Amount</b>	₹ 17,744.00

**Received Amount in Words** : Twenty Thousand Only

DINESH

**Authorised Signature**

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/12/2023	MMH/MH/RECH00422	UPI	Advance Amount	5,000.00
2	21/12/2023	MMH/MH/RECH00423	UPI	Advance Amount	15,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	1184068	127,982.00