

IN PATIENT SUMMARY BILL

UHID : MMH202372297
IP No : IP2023002774
Patient name : Ms.PRAVEENA
Age : 26 Y 0 M 3 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00232
Bill Date : 26/12/2023
DOA : 21/12/2023 6:24AM
DOD :
Entity Type : Insurance
Entity Name : THE NEW INDIA
TPA : ASSURANCE CO. 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

Gross Amount	₹ 130,238.00
Sanction Amount	₹ 127,982.00
Net Payable	₹ 130,238.00
Advance Amount	₹ 20,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 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