

IN PATIENT SUMMARY BILL

UHID : MMH202372342
IP No : IP2023002781
Patient name : Ms.LAVANYASRI P S
Age : 16 Y 9 M 4 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00229
Bill Date : 26/12/2023
DOA : 22/12/2023 10:32AM
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	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 36,301.00
5	NURSING CHARGE	₹ 2,250.00
6	OTHER ADDITION	₹ 2,871.00
7	PHARMACY CHARGE	₹ 9,314.00
8	PROFESSIONAL TEAM FEES	₹ 15,400.00
9	RADIOLOGY	₹ 3,120.00
Gross Amount		₹ 84,306.00
Sanction Amount		₹ 76,713.00
Net Payable		₹ 84,306.00
Advance Amount		₹ 7,593.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Five Hundred Ninety-Three
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/12/2023	MMH/MH/RECH00436	CARD	Advance Amount	3,000.00
2	25/12/2023	MMH/MH/RECH00478	CARD	Advance Amount	4,593.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35877027	76,713.00