

IN PATIENT SUMMARY BILL

UHID : MMH202372677

IP No : IP2023002851

Patient name : Mr.SURESH BABU G

Age : 50 Y 0 M 0 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400025

Bill Date : 03/01/2024

DOA : 30/12/2023 12:42PM

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	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 11,145.00
5	NURSING CHARGE	₹ 2,250.00
6	OTHER ADDITION	₹ 4,593.00
7	PHARMACY CHARGE	₹ 3,992.00
8	PROFESSIONAL TEAM FEES	₹ 7,700.00
9	RADIOLOGY	₹ 7,680.00
10	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 54,410.00
Sanction Amount		₹ 44,492.00
Net Payable		₹ 54,410.00
Advance Amount		₹ 9,918.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Nine Hundred Eighteen Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00556	CARD	Advance Amount	3,000.00
2	02/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	6,918.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	6494949	44,492.00