

IN PATIENT SUMMARY BILL

UHID : MHC202400162

IP No : IPC2024000008

Patient name : Child.FIONA WESLEY

Age : 8 Y 0 M 3 D/Female

Consultant Name : Dr.ARAVINDH RAJHA P.S(PAEDITRICS)

Bill No : MMH/CM/IP202400017

Bill Date : 05/01/2024

DOA : 2/1/2024 1:00PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA

TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 8,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	EQUIPMENT	₹ 1,100.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 2,664.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 875.00
9	OTHER ADDITION	₹ 2,100.00
10	PHARMACY CHARGE	₹ 3,311.00
11	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 23,400.00
Sanction Amount		₹ 19,504.00
Net Payable		₹ 23,400.00
Advance Amount		₹ 3,896.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Eight Hundred Ninety-Six Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	3,000.00
2	05/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	896.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	00367170023900094197	19,504.00