

IN PATIENT SUMMARY BILL

UHID	: MMH202472725	Bill No	: MMH/MH/IP202400083
IP No	: IP2024000044	Bill Date	: 10/01/2024
Patient name	: Mr.KRISHNAN P	DOA	: 5/1/2024 5:53PM
Age	: 36 Y 0 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: THE NEW INDIA ASSURANCE CO. LTD
			: INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
5	LABORATORY	₹ 8,552.00
6	NURSING CHARGE	₹ 3,750.00
7	OTHER ADDITION	₹ 4,901.00
8	PHARMACY CHARGE	₹ 8,549.00
9	PROFESSIONAL TEAM FEES	₹ 7,150.00
10	RADIOLOGY	₹ 2,880.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 66,132.00
Sanction Amount		₹ 62,236.00
Net Payable		₹ 66,132.00
Advance Amount		₹ 4,454.00
Received Amount		₹ 0.00
Refund Amount		₹ 558.00

Received Amount in Words : Four Thousand Four Hundred Fifty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240000	UPI	Advance Amount	3,000.00
2	10/01/2024	MMH/MH/RECH20240010	CHEQUE	Advance Amount	1,454.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CHE-0124-PA-0000786	62,236.00