

IN PATIENT SUMMARY BILL

UHID	: MHC202400493	Bill No	: MMH/CM/IP202400037
IP No	: IPC2024000023	Bill Date	: 06/01/2024
Patient name	: Mr.GNANAPRAKASH	DOA	: 3/1/2024 10:43PM
Age	: 28 Y 0 M 3 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
Consultant Name	: Dr.ARTHI (ANESTH)	TPA	: THE NEW INDIA ASSURANCE CO. LTD
			: INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,230.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 750.00
8	OTHER ADDITION	₹ 1,850.00
9	PHARMACY CHARGE	₹ 2,892.00
10	PROFESSIONAL TEAM FEES	₹ 1,800.00
11	RADIOLOGY	₹ 1,850.00
Gross Amount		₹ 16,922.00
Sanction Amount		₹ 15,838.00
Net Payable		₹ 16,922.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,916.00

Received Amount in Words : Three Thousand Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	TP01667020023900000874	15,838.00