

IN PATIENT SUMMARY BILL

UHID : MMH202472820

IP No : IP2024000058

Patient name : Mr.VENKATARAMAN V

Age : 84 Y 0 M 5 D/Male

Consultant Name : Dr.MANIAN

Bill No : MMH/MH/IP202400095

Bill Date : 12/01/2024

DOA : 7/1/2024 8:38PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA

TPA : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	EQUIPMENT	₹ 15,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 5,271.00
8	NURSING CHARGE	₹ 4,750.00
9	OTHER ADDITION	₹ 11,312.00
10	PHARMACY CHARGE	₹ 16,571.00
11	PROFESSIONAL TEAM FEES	₹ 11,000.00
12	RADIOLOGY	₹ 2,080.00
Gross Amount		₹ 95,734.00
Sanction Amount		₹ 71,307.00
Net Payable		₹ 95,734.00
Advance Amount		₹ 11,060.00
Received Amount		₹ 13,367.00

Received Amount in Words : Twenty-Four Thousand Four Hundred
Twenty-Seven Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/MH/RECH20240001	CARD	Advance Amount	10,000.00
2	10/01/2024	MMH/MH/RECH20240011	CARD	Advance Amount	1,060.00
3	12/01/2024	MMH/MH/REDH20240081	CHEQUE	Collected Amount	13,367.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18294139	71,307.00