

IN PATIENT SUMMARY BILL

UHID : MMH202472858

IP No : IP2024000074

Patient name : Mr.ARAVIND S K

Age : 38 Y 4 M 30 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP2024000097

Bill Date : 12/01/2024

DOA : 9/1/2024 5:09PM

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	₹ 8,250.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	LABORATORY	₹ 30,200.00
6	NURSING CHARGE	₹ 2,250.00
7	OTHER ADDITION	₹ 7,203.00
8	PHARMACY CHARGE	₹ 7,234.00
9	PROFESSIONAL TEAM FEES	₹ 7,700.00
10	RADIOLOGY	₹ 2,880.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 70,667.00
Sanction Amount		₹ 64,722.00
Net Payable		₹ 70,667.00
Advance Amount		₹ 5,945.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Nine Hundred Forty-Five Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	3,000.00
2	12/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	2,945.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118674696	64,722.00