

IN PATIENT SUMMARY BILL

UHID : MHC202401535

IP No : IPC2024000079

Patient name : Baby.LAYANIKA M

Age : 1 Y 0 M 1 D/Female

Consultant Name : Dr.ARAVINDH RAJHA P.S

Bill No : MMH/CM/IP202400069

Bill Date : 11/01/2024

DOA : 10/1/2024 9:54AM

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	₹ 2,775.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,044.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 375.00
8	OTHER ADDITION	₹ 1,251.00
9	PHARMACY CHARGE	₹ 738.00
10	PROFESSIONAL TEAM FEES	₹ 1,500.00
Gross Amount		₹ 8,983.00
Sanction Amount		₹ 7,047.00
Net Payable		₹ 8,983.00
Received Amount		₹ 1,936.00

Received Amount in Words : One Thousand Nine Hundred Thirty-Six Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/01/2024	MMH/CM/RECB202401	CARD	Collected Amount	1,936.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	46330252	7,047.00