

IN PATIENT SUMMARY BILL

UHID : MMH202472714

IP No : IP2024000019

Patient name : Mr.BABU RAJENDRAN

Age : 77 Y 0 M 19 D/Male

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202400063

Bill Date : 09/01/2024

DOA : 3/1/2024 2:03PM

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	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 173.00
5	NURSING CHARGE	₹ 750.00
6	OPERATION THEATRE CHARGES	₹ 2,500.00
7	OTHER ADDITION	₹ 16.00
8	PHARMACY CHARGE	₹ 6,461.00
9	PROFESSIONAL TEAM FEES	₹ 53,800.00
Gross Amount		₹ 68,950.00
Sanction Amount		₹ 60,255.00
Net Payable		₹ 68,950.00
Advance Amount		₹ 8,695.00
Received Amount		₹ 0.00

Received Amount in Words : Eight Thousand Six Hundred Ninety-Five Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	5,000.00
2	04/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	3,695.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	118539882	60,255.00