

IN PATIENT SUMMARY BILL

UHID : MMH202473449

IP No : IP2024000241

Patient name : Mrs.TAMIL MALAR T

Age : 27 Y 7 M 29 D/Female

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202400245

Bill Date : 02/02/2024

DOA : 31/1/2024 4:15PM

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	₹ 9,900.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	NURSING CHARGE	₹ 1,600.00
6	OTHER ADDITION	₹ 2,173.00
7	PHARMACY CHARGE	₹ 3,733.00
8	PROFESSIONAL TEAM FEES	₹ 4,950.00
Gross Amount		₹ 24,706.00
Sanction Amount		₹ 22,907.00
Net Payable		₹ 24,706.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,201.00

Received Amount in Words : Three Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/01/2024	MMH/MH/RECH2024003!	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	119149009	22,907.00