

IN PATIENT SUMMARY BILL

UHID	: MHI202482096	Bill No	: MMH/MH/IP202400308
IP No	: IP2024000281	Bill Date	: 10/02/2024
Patient name	: Mr.PAZHANI.B	DOA	: 5/2/2024 2:45PM
Age	: 51 Y 9 M 11 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: THE NEW INDIA ASSURANCE CO. LTD
			: INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	BED CHARGES	₹ 3,300.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
3	LABORATORY	₹ 8,623.00
4	NURSING CHARGE	₹ 2,400.00
5	OTHER ADDITION	₹ 20,289.00
6	PHARMACY CHARGE	₹ 8,075.00
7	PROFESSIONAL TEAM FEES	₹ 8,800.00
8	RADIOLOGY	₹ 19,800.00
Gross Amount		₹ 73,537.00
Sanction Amount		₹ 65,337.00
Net Payable		₹ 73,537.00
Advance Amount		₹ 8,200.00
Received Amount		₹ 0.00

Received Amount in Words : Eight Thousand Two Hundred Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/MH/RECH2024004	UPI	Advance Amount	5,000.00
2	05/02/2024	MMH/MH/RECH2024004	AFFORDPLAN	Advance Amount	2,000.00
3	08/02/2024	MMH/MH/RECH2024004	CASH	Advance Amount	1,200.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CHE-0224-PA-0000753	65,337.00