

IN PATIENT SUMMARY BILL

UHID	:	MHP202400442	Bill No	:	MMH/MH/IP202401530
IP No	:	IP2024001529	Bill Date	:	18/07/2024
Patient name	:	Mrs.KIRAN DEVI CHOURARLA	DOA	:	9/7/2024 9:05AM
Age	:	75 Y 0 M 9 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.SUPRAJA K	TPA	:	MDINDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,400.00
3	DIET CHARGES	₹ 4,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 3,150.00
6	LABORATORY	₹ 23,837.00
7	NURSING CHARGE	₹ 5,600.00
8	OP CHARGES	₹ 5,000.00
9	OTHER ADDITION	₹ 4,380.00
10	PHARMACY CHARGE	₹ 99,044.00
11	PROFESSIONAL TEAM FEES	₹ 16,500.00
12	PULMONOLOGIST	₹ 2,000.00
13	RADIOLOGY	₹ 8,480.00
Gross Amount		₹ 207,491.00
Sanction Amount		₹ 197,316.00
Net Payable		₹ 207,491.00
Advance Amount		₹ 10,175.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand One Hundred Seventy-Five Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402555	CARD	Advance Amount	3,000.00
2	7/16/2024	MMH/MH/RECH202402683	UPI	Advance Amount	7,175.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18708014	197,316.00