

IN PATIENT SUMMARY BILL

UHID : MMH202473835

IP No : IP2024000358

Patient name : Ms.ROSHINI.M

Age : 15 Y 0 M 5 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400373

Bill Date : 19/02/2024

DOA : 14/2/2024 8:09PM

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	₹ 12,600.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 53,019.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 5,154.00
9	PHARMACY CHARGE	₹ 3,788.00
10	PROFESSIONAL TEAM FEES	₹ 8,800.00
11	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 97,061.00
Sanction Amount		₹ 96,164.00
Net Payable		₹ 97,061.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,103.00

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	14/02/2024	MMH/MH/RECH2024005'	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	36623976	96,164.00