IN PATIENT SUMMARY BILL

UHID	:	MHI202482594	Bill No	:	MMH/HM/IPH202400823
IP No	:	IPH2024000811	Bill Date	:	09/04/2024
Patient name	:	Mrs.RADHA DAMODARAN	DOA	:	4/4/2024 9:22PM
Age	:	72 Y 8 M 24 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.K.JAISHANKAR	TPA	:	MDINDIA TPA PVT LTD

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	57,014.00
2	IMPLANT	₹	246,886.00
3	LABORATORY	₹	6,358.00
4	PHARMACY CHARGE	₹	26,868.00
5	RADIOLOGY	₹	960.00
	Gross Amount	₹	**338,086.00**
	Sanction Amount	₹	**338,086.00**
	Net Payable	₹	**338,086.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MDI8480331	338,086.00