

IN PATIENT SUMMARY BILL

UHID : MHI202482676

IP No : IP2024002271

Patient name : Mrs.RADHA A

Age : 74 Y 3 M 0 D/Female

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202402212

Bill Date : 14/10/2024

DOA : 12/10/2024 8:02PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 4,169.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 9,900.00
8	PHARMACY CHARGE	₹ 7,957.00
9	PROCEDURE CHARGES	₹ 1,000.00
10	PROFESSIONAL TEAM FEES	₹ 8,000.00
11	RADIOLOGY	₹ 7,128.00
Gross Amount		₹ 48,104.00
Sanction Amount		₹ 36,879.00
Net Payable		₹ 48,104.00
Advance Amount		₹ 11,225.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Two Hundred Twenty-Five Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/12/2024	MMH/MH/RECH202404014	CARD	Advance Amount	3,000.00
2	10/14/2024	MMH/MH/RECH202404028	CARD	Advance Amount	8,225.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	40206431	36,879.00