

IN PATIENT SUMMARY BILL

UHID	: MMH202474286	Bill No	: MMH/MH/IP202400565
IP No	: IP2024000547	Bill Date	: 14/03/2024
Patient name	: Master.MELVIN JOSE R	DOA	: 11/3/2024 5:20AM
Age	: 14 Y 11 M 17 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.GOWRI SHANKAR.M	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	INJECTION CHARGES	₹ 200.00
5	NURSING CHARGE	₹ 400.00
6	OPERATION THEATRE CHARGES	₹ 8,250.00
7	OTHER ADDITION	₹ 6,076.00
8	PHARMACY CHARGE	₹ 5,614.00
9	PROFESSIONAL TEAM FEES	₹ 46,200.00
Gross Amount		₹ 69,565.00
Sanction Amount		₹ 67,737.00
Net Payable		₹ 69,565.00
Advance Amount		₹ 1,828.00
Received Amount		₹ 0.00

Received Amount in Words : One Thousand Eight Hundred Twenty-Eight Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/03/2024	MMH/MH/RECH20240090	CARD	Advance Amount	1,828.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	120016642	67,737.00