

IN PATIENT SUMMARY BILL

UHID : MHI202482733

IP No : IPH2024000808

Patient name : Mrs.PUSHPALATHA R

Age : 50 Y 8 M 27 D/Female

Bill No : MMH/HM/IPH202400841

Bill Date : 10/04/2024

DOA : 4/4/2024 11:04AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA INSURANCE

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DIET CHARGES	₹ 5,200.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
7	EQUIPMENT	₹ 20,400.00
8	GENERAL PROCEDURE	₹ 900.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 23,430.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 30,500.00
15	PHARMACY CHARGE	₹ 140,264.00
16	PHYSIOTHERAPY	₹ 9,100.00
17	RADIOLOGY	₹ 7,404.00
18	SURGICAL PACKAGE-HEART	₹ 39,547.00
Gross Amount		₹ 336,095.00
Sanction Amount		₹ 312,186.00
Net Payable		₹ 336,095.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 76,091.00

Received Amount in Words : One Lakh Zero Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	75,000.00
2	04/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA INSURANCE	CHE-0757-PA-0000066	312,186.00