

IN PATIENT SUMMARY BILL

UHID	: MHI202483022	Bill No	: MMH/HM/IPH202400905
IP No	: IPH2024000870	Bill Date	: 17/04/2024
Patient name	: Mr.RAJI C	DOA	: 11/4/2024 10:40AM
Age	: 61 Y 3 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 500.00
2	EQUIPMENT	₹ 2,500.00
3	LABORATORY	₹ 20,987.00
4	PHARMACY CHARGE	₹ 74,821.00
5	PROFESSIONAL TEAM FEES	₹ 40,000.00
6	RADIOLOGY	₹ 7,136.00
7	SURGICAL PACKAGE-HEART	₹ 49,556.00
Gross Amount		₹ 195,500.00
Sanction Amount		₹ 195,500.00
Net Payable		₹ 195,500.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

AKASH
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	120966859	195,500.00