

IN PATIENT SUMMARY BILL

UHID : MHP202400608

IP No : IP2024001489

Patient name : Mrs.SHARDHA VYAS

Age : 86 Y 6 M 12 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401484

Bill Date : 13/07/2024

DOA : 3/7/2024 7:01PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	EQUIPMENT	₹ 9,900.00
5	LABORATORY	₹ 12,065.00
6	NURSING CHARGE	₹ 4,000.00
7	OP CHARGES	₹ 3,000.00
8	PHARMACY CHARGE	₹ 24,561.00
9	PROFESSIONAL TEAM FEES	₹ 11,550.00
10	RADIOLOGY	₹ 480.00
Gross Amount		₹ 90,656.00
Sanction Amount		₹ 79,254.00
Net Payable		₹ 90,656.00
Advance Amount		₹ 11,400.00
Received Amount		₹ 2.00

Received Amount in Words : Eleven Thousand Four Hundred Two Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/3/2024	MMH/MH/RECH202402488	CARD	Advance Amount	1,800.00
2	7/3/2024	MMH/MH/RECH202402489	CASH	Advance Amount	1,200.00
3	7/9/2024	MMH/MH/RECH202402559	UPI	Advance Amount	8,400.00
4	7/13/2024	MMH/MH/REDH202415206	CASH	Collected Amount	2.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200106939	79,254.00