

IN PATIENT SUMMARY BILL

UHID	: MHP202400608	Bill No	: MMH/MH/IP202400725
IP No	: IP2024000697	Bill Date	: 04/04/2024
Patient name	: Mrs.SHARDHA VYAS	DOA	: 25/3/2024 6:43PM
Age	: 86 Y 3 M 3 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.SUPRAJA K	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 56,700.00
3	DIET CHARGES	₹ 400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 24,300.00
6	GENERAL PROCEDURE	₹ 2,500.00
7	INTENSIVIST CHARGES	₹ 21,000.00
8	LABORATORY	₹ 29,628.00
9	NURSING CHARGE	₹ 14,800.00
10	OTHER ADDITION	₹ 18,788.00
11	PHARMACY CHARGE	₹ 54,299.00
12	PHYSIOTHERAPY	₹ 7,000.00
13	PROFESSIONAL TEAM FEES	₹ 34,250.00
14	RADIOLOGY	₹ 6,944.00

Gross Amount	₹ 271,709.00
Sanction Amount	₹ 239,408.00
Net Payable	₹ 271,709.00
Advance Amount	₹ 20,000.00
Received Amount	₹ 22,759.00
Refund Amount	₹ 10,458.00

Received Amount in Words : Forty-Two Thousand Seven Hundred Fifty-Nine Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/03/2024	MMH/MH/RECH20240101	CARD	Advance Amount	20,000.00
2	04/04/2024	MMH/MH/REDH20240711	CHEQUE	Collected Amount	22,759.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	231200380969	239,408.00