

IN PATIENT SUMMARY BILL

UHID	: MMH202475176	Bill No	: MMH/MH/IP202400646
IP No	: IP2024000684	Bill Date	: 27/03/2024
Patient name	: Dr.GANESAN S	DOA	: 24/3/2024 4:08PM
Age	: 62 Y 1 M 13 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.GOVINDARAJAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 2,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 9,101.00
8	NURSING CHARGE	₹ 800.00
9	OPERATION THEATRE CHARGES	₹ 9,700.00
10	PHARMACY CHARGE	₹ 11,882.00
11	PROFESSIONAL TEAM FEES	₹ 28,000.00
12	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 69,183.00
Sanction Amount		₹ 51,800.00
Net Payable		₹ 69,183.00
Received Amount		₹ 17,383.00

Received Amount in Words : Seventeen Thousand Three Hundred Eighty-Three Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/03/2024	MMH/MH/REDH2024065	CHEQUE	Collected Amount	17,383.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	BLR-0324-PA-0020941	51,800.00