

IN PATIENT SUMMARY BILL

UHID	: MMH202371816	Bill No	: MMH/MH/IP202400012
IP No	: IP2023002819	Bill Date	: 02/01/2024
Patient name	: Mrs.GOWRI.S	DOA	: 27/12/2023 5:52PM
Age	: 65 Y 11 M 0 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 24,712.00
8	NURSING CHARGE	₹ 5,500.00
9	OTHER ADDITION	₹ 13,417.00
10	PHARMACY CHARGE	₹ 31,504.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 13,200.00
13	RADIOLOGY	₹ 7,680.00
14	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 133,363.00
Sanction Amount		₹ 129,063.00
Net Payable		₹ 133,363.00
Advance Amount		₹ 4,300.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Three Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/12/2023	MMH/MH/RECH00578	UPI	Advance Amount	4,300.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	231400287220	129,063.00