

IN PATIENT SUMMARY BILL

UHID : MMH202475488

IP No : IP2024000787

Patient name : Mr.RAVINDRAN RAJENDRAN

Age : 74 Y 10 M 22 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400770

Bill Date : 10/04/2024

DOA : 4/4/2024 11:22AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MEDDIASSIST INDIA TPA PVT LTD

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 28,650.00 |
| 3 | DIET CHARGES | ₹ 2,650.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 5 | EQUIPMENT | ₹ 5,000.00 |
| 6 | GENERAL PROCEDURE | ₹ 500.00 |
| 7 | INTENSIVIST CHARGES | ₹ 7,500.00 |
| 8 | LABORATORY | ₹ 33,682.00 |
| 9 | NURSING CHARGE | ₹ 6,600.00 |
| 10 | OTHER ADDITION | ₹ 22,847.00 |
| 11 | PHARMACY CHARGE | ₹ 21,604.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 11,550.00 |
| 13 | RADIOLOGY | ₹ 21,580.00 |
| 14 | TRANSPORT | ₹ 1,500.00 |

| | |
|-----------------|--------------|
| Gross Amount | ₹ 165,513.00 |
| Sanction Amount | ₹ 118,840.00 |
| Net Payable | ₹ 165,513.00 |
| Advance Amount | ₹ 46,673.00 |
| Received Amount | ₹ 2,596.00 |
| Refund Amount | ₹ 2,596.00 |

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

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 04/04/2024 | MMH/MH/RECH2024012 | CARD | Advance Amount | 20,000.00 |
| 2 | 08/04/2024 | MMH/MH/RECH2024013 | CARD | Advance Amount | 26,673.00 |
| 3 | 10/04/2024 | MMH/MH/REDH2024075 | CHEQUE | Collected Amount | 2,596.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|-----------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | 327356187 | 118,840.00 |