

IN PATIENT SUMMARY BILL

UHID	: MHP202400651	Bill No	: MMH/MH/IP202401726
IP No	: IP2024001626	Bill Date	: 11/08/2024
Patient name	: Mr.BALAKRISHNAN	DOA	: 19/7/2024 2:27PM
Age	: 62 Y 4 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.SUPRAJA K	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 75,750.00
3	DIET CHARGES	₹ 8,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 13,500.00
5	EQUIPMENT	₹ 81,700.00
6	GENERAL PROCEEDURE	₹ 2,500.00
7	INTENSIVIST CHARGES	₹ 10,500.00
8	LABORATORY	₹ 51,524.00
9	NURSING CHARGE	₹ 21,400.00
10	OTHER ADDITION	₹ 27,114.00
11	PACKAGE	₹ 10,000.00
12	PHARMACY CHARGE	₹ 99,833.00
13	PHYSIOTHERAPY	₹ 1,400.00
14	PROFESSIONAL TEAM FEES	₹ 55,550.00
15	RADIOLOGY	₹ 9,912.00
Gross Amount		₹ 469,033.00
Sanction Amount		₹ 154,805.00
Net Payable		₹ 469,033.00
Advance Amount		₹ 314,228.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Fourteen Thousand Two Hundred
Twenty-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/19/2024	MMH/MH/RECH202402738	UPI	Advance Amount	10,000.00
2	8/11/2024	MMH/MH/RECH202403085	CARD	Advance Amount	304,228.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	BLR-0724-PA-0007353	154,805.00