

IN PATIENT SUMMARY BILL

UHID	:	MHI202483257	Bill No	:	MMH/HM/IPH202400932
IP No	:	IPH2024000929	Bill Date	:	22/04/2024
Patient name	:	Mrs.JIGNASHADAVEY	DOA	:	17/4/2024 4:00PM
Age	:	46 Y 9 M 20 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.G. GNANAVELU	TPA	:	HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 8,250.00
3	BLOOD COMPONENTS	₹ 6,100.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	IP REGISTRATION	₹ 150.00
8	LABORATORY	₹ 5,716.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,400.00
11	PHARMACY CHARGE	₹ 8,762.00
12	PROFESSIONAL TEAM FEES	₹ 15,897.00
13	RADIOLOGY	₹ 4,500.00

Gross Amount	₹ 59,875.00
Sanction Amount	₹ 54,089.00
Net Payable	₹ 59,875.00
Advance Amount	₹ 10,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 4,214.00

Received Amount in Words : Ten Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200020670	54,089.00