

IN PATIENT SUMMARY BILL

UHID	: MMH202475523	Bill No	: MMH/MH/IP202400801
IP No	: IP2024000804	Bill Date	: 12/04/2024
Patient name	: Mrs.ISABELLA RANI A	DOA	: 5/4/2024 7:02PM
Age	: 68 Y 1 M 7 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.BASHEER AHMED ORTHO	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 19,250.00
4	BLOOD COMPONENTS	₹ 1,000.00
5	DIET CHARGES	₹ 3,500.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
7	GENERAL PROCEDURE	₹ 450.00
8	LABORATORY	₹ 3,920.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 11,550.00
11	OTHER ADDITION	₹ 27,418.00
12	PHARMACY CHARGE	₹ 83,496.00
13	PHYSIOTHERAPY	₹ 1,200.00
14	PROFESSIONAL TEAM FEES	₹ 157,000.00
15	RADIOLOGY	₹ 1,080.00
16	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 319,964.00
Sanction Amount		₹ 309,953.00
Net Payable		₹ 319,964.00
Advance Amount		₹ 21,500.00
Received Amount		₹ 0.00
Refund Amount		₹ 11,489.00

Received Amount in Words : Twenty-One Thousand Five Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	20,000.00
2	10/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	1,500.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	120961003	309,953.00