

IN PATIENT SUMMARY BILL

UHID	: MMH202475551	Bill No	: MMH/MH/IP202400803
IP No	: IP2024000811	Bill Date	: 12/04/2024
Patient name	: Mrs.VASANTHI R	DOA	: 6/4/2024 5:36PM
Age	: 76 Y 0 M 20 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	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	BLOOD COMPONENTS	₹ 10,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 1,223.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 11,000.00
9	OTHER ADDITION	₹ 25,245.00
10	PHARMACY CHARGE	₹ 71,321.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 100,000.00
13	RADIOLOGY	₹ 1,450.00
Gross Amount		₹ 230,439.00
Sanction Amount		₹ 191,561.00
Net Payable		₹ 230,439.00
Advance Amount		₹ 38,878.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Eight Thousand Eight Hundred Seventy-Eight Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MH/RECH2024012	CHEQUE	Advance Amount	5,000.00
2	09/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	33,878.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	37382216	191,561.00