

IN PATIENT SUMMARY BILL

UHID	: MHI202483340	Bill No	: MMH/HM/IPH202400872
IP No	: IPH2024000859	Bill Date	: 13/04/2024
Patient name	: Mr.SOLAIANANDAN S	DOA	: 9/4/2024 6:10PM
Age	: 74 Y 2 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.G. GNANAVELU	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 3,800.00
6	GENERAL PROCEDURE	₹ 500.00
7	IP REGISTRATION	₹ 150.00
8	LABORATORY	₹ 26,948.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,200.00
11	PHARMACY CHARGE	₹ 15,530.00
12	PROFESSIONAL TEAM FEES	₹ 34,970.00
13	RADIOLOGY	₹ 8,784.00
Gross Amount		₹ 122,382.00
Sanction Amount		₹ 113,781.00
Net Payable		₹ 122,382.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 21,399.00

Received Amount in Words : Thirty Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	CHE-0424-PA-0001167	113,781.00