

IN PATIENT SUMMARY BILL

UHID	: MMH202475638	Bill No	: MMH/MH/IP202400828
IP No	: IP2024000839	Bill Date	: 16/04/2024
Patient name	: Ms.GAYATHRI S	DOA	: 10/4/2024 9:53AM
Age	: 18 Y 2 M 17 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.M.VIGNESH	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,333.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 16,850.00
10	OTHER ADDITION	₹ 49,002.00
11	PHARMACY CHARGE	₹ 14,064.00
12	PROFESSIONAL TEAM FEES	₹ 77,000.00
Gross Amount		₹ 176,124.00
Sanction Amount		₹ 176,124.00
Net Payable		₹ 176,124.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200014209	176,124.00