

IN PATIENT SUMMARY BILL

UHID	: MMH202475989	Bill No	: MMH/MH/IP202400919
IP No	: IP2024000913	Bill Date	: 28/04/2024
Patient name	: Mrs.KASHMIRA M SHETH	DOA	: 20/4/2024 5:33PM
Age	: 64 Y 11 M 27 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.SUPRAJA K	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 43,000.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 69,100.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 15,000.00
8	LABORATORY	₹ 60,344.00
9	NURSING CHARGE	₹ 11,600.00
10	OTHER ADDITION	₹ 19,405.00
11	PACKAGE	₹ 10,000.00
12	PHARMACY CHARGE	₹ 76,859.00
13	PHYSIOTHERAPY	₹ 2,100.00
14	PROFESSIONAL TEAM FEES	₹ 31,900.00
15	PULMONOLOGIST	₹ 1,500.00
16	RADIOLOGY	₹ 13,364.00
17	TRANSPORT	₹ 3,000.00

Gross Amount	₹ 363,022.00
Sanction Amount	₹ 327,645.00
Net Payable	₹ 363,022.00
Advance Amount	₹ 35,377.00
Received Amount	₹ 0.00

Received Amount in Words	: Thirty-Five Thousand Three Hundred Seventy-Seven Only	SRINIVASAN Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	10,000.00
2	27/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	25,377.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	121217432	327,645.00