

IN PATIENT SUMMARY BILL

UHID	: MMH202476085	Bill No	: MMH/MH/IP202400932
IP No	: IP2024000938	Bill Date	: 30/04/2024
Patient name	: Mr.MADHAVAN PILLAI	DOA	: 24/4/2024 6:40AM
Age	: 66 Y 6 M 25 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.RENGAN.R.S	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,975.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 13,050.00
9	OTHER ADDITION	₹ 23,990.00
10	PHARMACY CHARGE	₹ 63,174.00
11	PROFESSIONAL TEAM FEES	₹ 86,010.00
Gross Amount		₹ 202,597.00
Sanction Amount		₹ 92,730.00
Net Payable		₹ 202,597.00
Advance Amount		₹ 157,800.00
Received Amount		₹ 0.00
Refund Amount		₹ 47,933.00

Received Amount in Words : One Lakh Fifty-Seven Thousand Eight Hundred Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	3,000.00
2	26/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	154,800.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200023227	92,730.00