

IN PATIENT SUMMARY BILL

UHID	: MHI202483615	Bill No	: MMH/MH/IP202401027
IP No	: IP2024000958	Bill Date	: 12/05/2024
Patient name	: Mr.BASKARAN	DOA	: 26/4/2024 4:57PM
Age	: 56 Y 3 M 15 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.VIJAY ALAGAPPAN S	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 89,700.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 135,450.00
6	GENERAL PROCEDURE	₹ 3,000.00
7	INTENSIVIST CHARGES	₹ 30,000.00
8	LABORATORY	₹ 138,968.00
9	NURSING CHARGE	₹ 22,800.00
10	OTHER ADDITION	₹ 22,522.00
11	PHARMACY CHARGE	₹ 193,011.00
12	PHYSIOTHERAPY	₹ 8,600.00
13	PROFESSIONAL FEES	₹ 13,200.00
14	PROFESSIONAL TEAM FEES	₹ 33,750.00
15	RADIOLOGY	₹ 23,328.00
Gross Amount		₹ 719,304.00
Sanction Amount		₹ 545,827.00
Net Payable		₹ 719,304.00
Advance Amount		₹ 159,451.00
Received Amount		₹ 14,026.00

Received Amount in Words : One Lakh Seventy-Three Thousand Four Hundred Seventy-Seven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	50,000.00
2	10/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	109,451.00
3	12/05/2024	MMH/MH/REDH2024100	CHEQUE	Collected Amount	14,026.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	BLR-0424-PA-0008606	545,827.00