

IN PATIENT SUMMARY BILL

UHID	: MMH202476334	Bill No	: MMH/MH/IP202400998
IP No	: IP2024000983	Bill Date	: 08/05/2024
Patient name	: Mr.SRIDHARAN S	DOA	: 29/4/2024 6:37PM
Age	: 66 Y 2 M 14 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,325.00
3	CARDIOLOGY PACKAGE-HEART	₹ 18,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
6	EQUIPMENT	₹ 2,300.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 48,366.00
9	NURSING CHARGE	₹ 6,000.00
10	OTHER ADDITION	₹ 6,057.00
11	PHARMACY CHARGE	₹ 23,533.00
12	PROFESSIONAL TEAM FEES	₹ 15,400.00
13	RADIOLOGY	₹ 17,240.00
Gross Amount		₹ 168,946.00
Sanction Amount		₹ 147,470.00
Net Payable		₹ 168,946.00
Advance Amount		₹ 21,476.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-One Thousand Four Hundred
Seventy-Six Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	3,000.00
2	03/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	18,476.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	37711984	147,470.00