

IN PATIENT SUMMARY BILL

UHID	: MMH202476336	Bill No	: MMH/MH/IP202400995
IP No	: IP2024000993	Bill Date	: 08/05/2024
Patient name	: Mrs.ROSELIN MARGERAT RANI	DOA	: 30/4/2024 5:32PM
Age	: 59 Y 6 M 18 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.DURAI RAVI	TPA	: THE NEW INDIA TPA PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,200.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 19,400.00
4	BLOOD COMPONENTS	₹ 3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 14,500.00
7	GENERAL PROCEDURE	₹ 1,850.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 6,000.00
10	LABORATORY	₹ 23,202.00
11	NURSING CHARGE	₹ 7,200.00
12	OPERATION THEATRE CHARGES	₹ 17,350.00
13	OTHER ADDITION	₹ 22,564.00
14	PHARMACY CHARGE	₹ 70,833.00
15	PHYSIOTHERAPY	₹ 2,400.00
16	PROFESSIONAL TEAM FEES	₹ 128,150.00
17	RADIOLOGY	₹ 4,010.00

Gross Amount	₹ 326,309.00
Sanction Amount	₹ 294,208.00
Net Payable	₹ 326,309.00
Advance Amount	₹ 32,101.00
Received Amount	₹ 0.00

Received Amount in Words : Thirty-Two Thousand One Hundred One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/MH/RECH2024015'	CARD	Advance Amount	10,000.00
2	06/05/2024	MMH/MH/RECH2024016'	CARD	Advance Amount	22,101.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18544870	294,208.00