

IN PATIENT SUMMARY BILL

UHID	: MMH202476522	Bill No	: MMH/MH/IP202401108
IP No	: IP2024001065	Bill Date	: 23/05/2024
Patient name	: Mr.PRABHAKARAN N	DOA	: 9/5/2024 1:23PM
Age	: 67 Y 5 M 21 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	₹ 56,100.00
3	CARDIOLOGY PACKAGE-HEART	₹ 30,000.00
4	DIET CHARGES	₹ 9,050.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
6	EQUIPMENT	₹ 12,500.00
7	GENERAL PROCEDURE	₹ 1,800.00
8	INJECTION CHARGES	₹ 400.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 43,506.00
11	NURSING CHARGE	₹ 12,400.00
12	OPERATION THEATRE CHARGES	₹ 14,750.00
13	OTHER ADDITION	₹ 19,126.00
14	PHARMACY CHARGE	₹ 93,220.00
15	PROFESSIONAL TEAM FEES	₹ 83,050.00
16	RADIOLOGY	₹ 17,880.00
Gross Amount		₹ 409,132.00
Sanction Amount		₹ 336,132.00
Net Payable		₹ 409,132.00
Advance Amount		₹ 73,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Three Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	5,000.00
2	20/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	65,000.00
3	20/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	37855795/37992123	336,132.00