

### IN PATIENT SUMMARY BILL

|                 |   |                   |             |   |                             |
|-----------------|---|-------------------|-------------|---|-----------------------------|
| UHID            | : | MMH202477101      | Bill No     | : | MMH/MH/IP202401117          |
| IP No           | : | IP2024001137      | Bill Date   | : | 24/05/2024                  |
| Patient name    | : | Mr.BHASKAR M S    | DOA         | : | 20/5/2024 10:27AM           |
| Age             | : | 56 Y 1 M 6 D/Male | DOD         | : |                             |
| Consultant Name | : | Dr.T.PALANIAPPAN  | Entity Type | : | Insurance                   |
|                 |   |                   | Entity Name | : | THE NEW INDIA ASSURANCE CO. |
|                 |   |                   | TPA         | : | THE NEW INDIA ASSURANCE CO. |
|                 |   |                   |             |   | INDIA PENSINOR AND STATE    |
|                 |   |                   |             |   | EMPLOYEE SCHEME             |

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2    | BED CHARGES                 | ₹ 21,875.00 |
| 3    | DIET CHARGES                | ₹ 2,000.00  |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00  |
| 5    | EQUIPMENT                   | ₹ 8,000.00  |
| 6    | INTENSIVIST CHARGES         | ₹ 6,000.00  |
| 7    | LABORATORY                  | ₹ 16,422.00 |
| 8    | NURSING CHARGE              | ₹ 6,000.00  |
| 9    | OTHER ADDITION              | ₹ 11,539.00 |
| 10   | PHARMACY CHARGE             | ₹ 14,587.00 |
| 11   | PHYSIOTHERAPY               | ₹ 2,800.00  |
| 12   | PROFESSIONAL TEAM FEES      | ₹ 17,600.00 |
| 13   | RADIOLOGY                   | ₹ 42,380.00 |
| 14   | TRANSPORT                   | ₹ 2,000.00  |

|                        |              |
|------------------------|--------------|
| <b>Gross Amount</b>    | ₹ 153,428.00 |
| <b>Sanction Amount</b> | ₹ 144,466.00 |
| <b>Net Payable</b>     | ₹ 153,428.00 |
| <b>Advance Amount</b>  | ₹ 10,000.00  |
| <b>Received Amount</b> | ₹ 0.00       |
| <b>Refund Amount</b>   | ₹ 1,038.00   |

**Received Amount in Words** : Ten Thousand Only

KARTHICK

**Authorised Signature**

#### Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 20/05/2024   | MMH/MH/RECH2024018 | CARD         | Advance Amount | 10,000.00       |

| Medical Claim                   | Claim No            | Sanction Amount |
|---------------------------------|---------------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | CHE-0524-PA-0002226 | 144,466.00      |