

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	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: THE NEW 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

Gross Amount	₹ 153,428.00
Sanction Amount	₹ 144,466.00
Net Payable	₹ 153,428.00
Advance Amount	₹ 10,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 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