

IN PATIENT SUMMARY BILL

UHID	: MMH202477239	Bill No	: MMH/MH/IP202401159
IP No	: IP2024001176	Bill Date	: 29/05/2024
Patient name	: Mrs.ARUNA.K	DOA	: 24/5/2024 6:52PM
Age	: 53 Y 9 M 26 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.ARUN KANNAN	TPA	: GODD HEALTH TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 2,950.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 4,450.00
8	NURSING CHARGE	₹ 3,200.00
9	OPERATION THEATRE CHARGES	₹ 30,200.00
10	PHARMACY CHARGE	₹ 257,171.00
11	PHYSIOTHERAPY	₹ 2,800.00
12	PROFESSIONAL TEAM FEES	₹ 123,035.00
13	RADIOLOGY	₹ 2,160.00
Gross Amount		₹ 449,266.00
Sanction Amount		₹ 99,266.00
Net Payable		₹ 449,266.00
Advance Amount		₹ 350,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Fifty Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/05/2024	MMH/MH/RECH20240190	CARD	Advance Amount	100,000.00
2	29/05/2024	MMH/MH/RECH20240190	CASH	Advance Amount	250,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	251100502490312917	99,266.00