

IN PATIENT SUMMARY BILL

UHID	: MMH202477304	Bill No	: MMH/MH/IP202401176
IP No	: IP2024001197	Bill Date	: 31/05/2024
Patient name	: Mr.GOWRI SANKAR.K	DOA	: 27/5/2024 9:25PM
Age	: 65 Y 6 M 14 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.DURAI RAVI	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 7,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 8,870.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 17,050.00
9	OTHER ADDITION	₹ 18,954.00
10	PHARMACY CHARGE	₹ 16,866.00
11	PROFESSIONAL TEAM FEES	₹ 72,700.00
12	RADIOLOGY	₹ 1,680.00
Gross Amount		₹ 157,170.00
Sanction Amount		₹ 139,170.00
Net Payable		₹ 157,170.00
Advance Amount		₹ 18,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH20240190	CARD	Advance Amount	5,000.00
2	29/05/2024	MMH/MH/RECH20240190	CARD	Advance Amount	13,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	121894648	139,170.00