

IN PATIENT SUMMARY BILL

UHID	: MMH202477092	Bill No	: MMH/MH/IP202401188
IP No	: IP2024001132	Bill Date	: 03/06/2024
Patient name	: Mrs.LAKSHMI B	DOA	: 19/5/2024 3:44PM
Age	: 84 Y 7 M 22 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.SUPRAJA K	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 74,700.00
3	DIET CHARGES	₹ 6,090.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 31,500.00
6	GENERAL PROCEDURE	₹ 4,500.00
7	INTENSIVIST CHARGES	₹ 18,000.00
8	LABORATORY	₹ 66,279.00
9	NURSING CHARGE	₹ 16,800.00
10	OTHER ADDITION	₹ 34,394.00
11	PACKAGE	₹ 10,000.00
12	PHARMACY CHARGE	₹ 70,246.00
13	PHYSIOTHERAPY	₹ 2,800.00
14	PROFESSIONAL TEAM FEES	₹ 37,950.00
15	RADIOLOGY	₹ 55,928.00
16	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 437,037.00
Sanction Amount		₹ 402,494.00
Net Payable		₹ 437,037.00
Advance Amount		₹ 43,043.00
Received Amount		₹ 0.00
Refund Amount		₹ 8,500.00

Received Amount in Words : Forty-Three Thousand Forty-Three Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	10,000.00
2	31/05/2024	MMH/MH/RECH2024020	UPI	Advance Amount	23,043.00
3	31/05/2024	MMH/MH/RECH2024020	UPI	Advance Amount	1,500.00
4	01/06/2024	MMH/MH/RECH2024020	UPI	Advance Amount	8,500.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18611595	402,494.00