

IN PATIENT SUMMARY BILL

UHID	:	MMH202477474	Bill No	:	MMH/MH/IP202401298
IP No	:	IP2024001238	Bill Date	:	19/06/2024
Patient name	:	Mrs.RAJESWARI S	DOA	:	2/6/2024 2:57PM
Age	:	73 Y 1 M 9 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,200.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 107,850.00
4	DIET CHARGES	₹ 5,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 135,900.00
7	GENERAL PROCEDURE	₹ 9,700.00
8	INJECTION CHARGES	₹ 4,200.00
9	INTENSIVIST CHARGES	₹ 37,500.00
10	LABORATORY	₹ 109,640.00
11	NURSING CHARGE	₹ 27,400.00
12	OTHER ADDITION	₹ 110,068.00
13	PHARMACY CHARGE	₹ 418,007.00
14	PHYSIOTHERAPY	₹ 15,400.00
15	PROFESSIONAL TEAM FEES	₹ 61,900.00
16	RADIOLOGY	₹ 32,180.00
17	TRANSPORT	₹ 2,000.00
Gross Amount		₹ 1,084,045.00
Sanction Amount		₹ 828,848.00
Net Payable		₹ 1,084,045.00
Advance Amount		₹ 254,160.00
Received Amount		₹ 1,037.00

Received Amount in Words : Two Lakh Fifty-Five Thousand One Hundred  
Ninety-Seven Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/2/2024	MMH/MH/RECH202402035	CARD	Advance Amount	10,000.00
2	6/17/2024	MMH/MH/RECH202402225	CARD	Advance Amount	100,000.00
3	6/17/2024	MMH/MH/RECH202402226	CARD	Advance Amount	100,000.00
4	6/17/2024	MMH/MH/RECH202402227	CARD	Advance Amount	44,160.00
5	6/19/2024	MMH/MH/REDH202413167	CHEQUE	Collected Amount	1,037.00

S.No	Description	Amount
Medical Claim		Claim No
		Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD		38225770
		828,848.00