

IN PATIENT SUMMARY BILL

UHID	:	MHP202400815	Bill No	:	MMH/MH/IP202401253
IP No	:	IP2024001265	Bill Date	:	12/06/2024
Patient name	:	Ms.RENUKA.A	DOA	:	4/6/2024 4:55PM
Age	:	24 Y 7 M 5 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.SUPRAJA K	TPA	:	MEHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 22,003.00
6	NURSING CHARGE	₹ 2,400.00
7	OTHER ADDITION	₹ 5,007.00
8	PHARMACY CHARGE	₹ 13,957.00
9	PROFESSIONAL TEAM FEES	₹ 7,700.00
10	RADIOLOGY	₹ 13,200.00
Gross Amount		₹ 81,967.00
Sanction Amount		₹ 67,108.00
Net Payable		₹ 81,967.00
Advance Amount		₹ 14,859.00
Received Amount		₹ 0.00

Received Amount in Words : Fourteen Thousand Eight Hundred Fifty-Nine Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402119	UPI	Advance Amount	14,859.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	122151677	67,108.00