

IN PATIENT SUMMARY BILL

UHID	: MMH202477721	Bill No	: MMH/MH/IP202401259
IP No	: IP2024001289	Bill Date	: 13/06/2024
Patient name	: Mrs.HAMSA.L	DOA	: 7/6/2024 8:08PM
Age	: 28 Y 6 M 4 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.UMA	TPA	: MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 3,247.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 2,500.00
7	OTHER ADDITION	₹ 2,320.00
8	PHARMACY CHARGE	₹ 5,427.00
9	PROFESSIONAL TEAM FEES	₹ 28,600.00
Gross Amount		₹ 46,744.00
Sanction Amount		₹ 40,329.00
Net Payable		₹ 46,744.00
Advance Amount		₹ 6,415.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Four Hundred Fifteen 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/RECH202402120	UPI	Advance Amount	3,000.00
2	6/8/2024	MMH/MH/RECH202402140	CASH	Advance Amount	3,415.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	122123330	40,329.00