

IN PATIENT SUMMARY BILL

UHID	:	MMH202477770	Bill No	:	MMH/MH/IP202401268
IP No	:	IP2024001296	Bill Date	:	14/06/2024
Patient name	:	Mr.PRABHU.J	DOA	:	8/6/2024 8:37PM
Age	:	29 Y 1 M 27 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.VAMSI KRISHNAN	TPA	:	EMDL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 3,220.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 18,500.00
9	OTHER ADDITION	₹ 9,749.00
10	PHARMACY CHARGE	₹ 28,105.00
11	PROFESSIONAL TEAM FEES	₹ 143,000.00
Gross Amount		₹ 222,624.00
Sanction Amount		₹ 213,036.00
Net Payable		₹ 222,624.00
Advance Amount		₹ 9,588.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Five Hundred Eighty-Eight Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/8/2024	MMH/MH/RECH202402137	UPI	Advance Amount	3,000.00
2	6/12/2024	MMH/MH/RECH202402172	CASH	Advance Amount	6,588.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	24060701163	213,036.00