

IN PATIENT SUMMARY BILL

UHID	: MMH202477809	Bill No	: MMH/MH/IP202401324
IP No	: IP2024001367	Bill Date	: 22/06/2024
Patient name	: Mr.KARUNAKARAN P	DOA	: 19/6/2024 6:40AM
Age	: 59 Y 1 M 19 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: MBDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 7,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,485.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 21,700.00
10	OTHER ADDITION	₹ 8,403.00
11	PHARMACY CHARGE	₹ 73,755.00
12	PHYSIOTHERAPY	₹ 1,400.00
13	PROFESSIONAL TEAM FEES	₹ 77,000.00
14	RADIOLOGY	₹ 1,272.00
Gross Amount		₹ 209,165.00
Sanction Amount		₹ 198,186.00
Net Payable		₹ 209,165.00
Advance Amount		₹ 10,979.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Nine Hundred Seventy-Nine Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/20/2024	MMH/MH/RECH202402290	CARD	Advance Amount	10,979.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	38349113	198,186.00