

IN PATIENT SUMMARY BILL

|                 |   |                     |             |   |                              |
|-----------------|---|---------------------|-------------|---|------------------------------|
| UHID            | : | MMH202477928        | Bill No     | : | MMH/MH/IP202401300           |
| IP No           | : | IP2024001313        | Bill Date   | : | 19/06/2024                   |
| Patient name    | : | Mr.PADMANABHAN S    | DOA         | : | 12/6/2024 3:45AM             |
| Age             | : | 60 Y 10 M 25 D/Male | DOD         | : |                              |
|                 |   |                     | Entity Type | : | Insurance                    |
|                 |   |                     | Entity Name | : | NATIONAL INSURANCE COMPANY   |
| Consultant Name | : | Dr.T.PALANIAPPAN    | TPA         | : | MEDIASSIST INDIA TPA PVT LTD |

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 38,400.00  |
| 3               | DIALYSIS / DIALYZER         | ₹ 13,100.00  |
| 4               | DIET CHARGES                | ₹ 4,000.00   |
| 5               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00   |
| 6               | EQUIPMENT                   | ₹ 50,450.00  |
| 7               | GENERAL PROCEDURE           | ₹ 6,000.00   |
| 8               | INTENSIVIST CHARGES         | ₹ 12,000.00  |
| 9               | LABORATORY                  | ₹ 74,367.00  |
| 10              | NURSING CHARGE              | ₹ 9,600.00   |
| 11              | OTHER ADDITION              | ₹ 35,880.00  |
| 12              | PHARMACY CHARGE             | ₹ 69,451.00  |
| 13              | PHYSIOTHERAPY               | ₹ 5,400.00   |
| 14              | PROFESSIONAL TEAM FEES      | ₹ 30,800.00  |
| 15              | RADIOLOGY                   | ₹ 14,460.00  |
| 16              | TRANSPORT                   | ₹ 1,500.00   |
| Gross Amount    |                             | ₹ 367,258.00 |
| Sanction Amount |                             | ₹ 342,008.00 |
| Net Payable     |                             | ₹ 367,258.00 |
| Advance Amount  |                             | ₹ 25,000.00  |
| Received Amount |                             | ₹ 18,647.00  |
| Refund Amount   |                             | ₹ 18,397.00  |

Received Amount in Words : Forty-Three Thousand Six Hundred Forty-Seven Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 6/12/2024    | MMH/MH/RECH202402165 | CASH         | Advance Amount   | 25,000.00       |
| 2    | 6/19/2024    | MMH/MH/REDH202413175 | CHEQUE       | Collected Amount | 18,647.00       |

| Medical Claim                  | Claim No  | Sanction Amount |
|--------------------------------|-----------|-----------------|
| NATIONAL INSURANCE COMPANY LTD | 122284032 | 342,008.00      |