

IN PATIENT SUMMARY BILL

UHID : MMH202478291

IP No : IP2024001729

Patient name : Mrs.RAJALAKSHMI RAMASAMY

Age : 76 Y 6 M 29 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401709

Bill Date : 09/08/2024

DOA : 1/8/2024 7:44PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 34,650.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
6	GENERAL PROCEDURE	₹ 1,900.00
7	INJECTION CHARGES	₹ 2,000.00
8	LABORATORY	₹ 1,541.00
9	NURSING CHARGE	₹ 5,600.00
10	OPERATION THEATRE CHARGES	₹ 33,000.00
11	PHARMACY CHARGE	₹ 247,794.00
12	PHYSIOTHERAPY	₹ 5,600.00
13	PROFESSIONAL TEAM FEES	₹ 130,000.00
14	RADIOLOGY	₹ 1,728.00
Gross Amount		₹ 472,963.00
Sanction Amount		₹ 292,862.00
Net Payable		₹ 472,963.00
Advance Amount		₹ 180,099.00
Received Amount		₹ 2.00

Received Amount in Words : One Lakh Eighty Thousand One Hundred One Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/RECH202403052	CARD	Advance Amount	180,099.00
2	8/9/2024	MMH/MH/REDH202417410	CASH	Collected Amount	2.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241300148528,241300149139	292,862.00