

IN PATIENT SUMMARY BILL

UHID	:	MMH202478342	Bill No	:	MMH/MH/IP202401401
IP No	:	IP2024001426	Bill Date	:	30/06/2024
Patient name	:	Mr.KAMALNATH.U	DOA	:	25/6/2024 7:27PM
Age	:	35 Y 6 M 10 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.GOWRI SHANKAR.M	TPA	:	THE NEW INDIA ASSURANCE CO. PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,150.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 2,333.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 24,600.00
11	OTHER ADDITION	₹ 1,580.00
12	PHARMACY CHARGE	₹ 15,072.00
13	PROFESSIONAL TEAM FEES	₹ 80,300.00
Gross Amount		₹ 146,735.00
Sanction Amount		₹ 139,615.00
Net Payable		₹ 146,735.00
Advance Amount		₹ 7,120.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand One Hundred Twenty Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MH/RECH202402405	CARD	Advance Amount	7,120.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	KOC-0624-PA-0002353	139,615.00