

IN PATIENT SUMMARY BILL

UHID : MMH202478471

IP No : IP2024002071

Patient name : Mr.RAJAMANI V

Age : 81 Y 2 M 27 D/Male

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202402011

Bill Date : 20/09/2024

DOA : 17/9/2024 10:35PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 8,000.00
5	LABORATORY	₹ 5,256.00
6	NURSING CHARGE	₹ 1,600.00
7	OTHER ADDITION	₹ 9,146.00
8	PHARMACY CHARGE	₹ 8,083.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 15,400.00
11	RADIOLOGY	₹ 10,140.00
Gross Amount		₹ 65,575.00
Sanction Amount		₹ 63,632.00
Net Payable		₹ 65,575.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 4,480.00
Refund Amount		₹ 5,537.00

Received Amount in Words : Seven Thousand Four Hundred Eighty Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/REDH202420729	CHEQUE	Collected Amount	4,480.00
2	9/17/2024	MMH/MH/RECH202403630	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	HI-NIA-003816734	63,632.00