

IN PATIENT SUMMARY BILL

UHID	:	MMH202479090	Bill No	:	MMH/MH/IP202401493
IP No	:	IP2024001532	Bill Date	:	13/07/2024
Patient name	:	Mr.SAMI RAJ S	DOA	:	9/7/2024 12:02PM
Age	:	34 Y 0 M 12 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	EMDL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 1,500.00
6	LABORATORY	₹ 11,636.00
7	NURSING CHARGE	₹ 2,000.00
8	OTHER ADDITION	₹ 4,637.00
9	PHARMACY CHARGE	₹ 4,909.00
10	PROFESSIONAL FEES	₹ 4,400.00
11	RADIOLOGY	₹ 16,280.00
Gross Amount		₹ 56,462.00
Sanction Amount		₹ 46,502.00
Net Payable		₹ 56,462.00
Advance Amount		₹ 9,960.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Nine Hundred Sixty Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402558	CARD	Advance Amount	3,000.00
2	7/11/2024	MMH/MH/RECH202402598	CARD	Advance Amount	6,960.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	24071100436	46,502.00