

IN PATIENT SUMMARY BILL

UHID	: MMH202479521	Bill No	: MMH/MH/IP202401594
IP No	: IP2024001623	Bill Date	: 25/07/2024
Patient name	: Mrs.VIJAYA.T	DOA	: 19/7/2024 9:20AM
Age	: 67 Y 0 M 6 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.VIJAYARAJ	TPA	: HEALTH INDIA TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	EQUIPMENT	₹ 9,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 6,914.00
7	NURSING CHARGE	₹ 2,800.00
8	OPERATION THEATRE CHARGES	₹ 9,600.00
9	OTHER ADDITION	₹ 5,125.00
10	PHARMACY CHARGE	₹ 16,847.00
11	PROFESSIONAL TEAM FEES	₹ 102,465.00
12	RADIOLOGY	₹ 480.00
Gross Amount		₹ 160,256.00
Sanction Amount		₹ 131,786.00
Net Payable		₹ 160,256.00
Advance Amount		₹ 28,470.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Eight Thousand Four Hundred Seventy Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/19/2024	MMH/MH/RECH202402732	CASH	Advance Amount	5,000.00
2	7/22/2024	MMH/MH/RECH202402791	CARD	Advance Amount	23,470.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	HI-NIA-003321530	131,786.00