

IN PATIENT SUMMARY BILL

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|-----------------|------------------------------------|-------------|--|
| UHID | : MHI202484926 | Bill No | : MMH/MH/IP202401617 |
| IP No | : IP2024001646 | Bill Date | : 27/07/2024 |
| Patient name | : Mr.AVASARALA RADHA KRISHNA MURTI | DOA | : 22/7/2024 12:42PM |
| Age | : 69 Y 10 M 7 D/Male | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : THE NEW INDIA ASSURANCE CO. |
| Consultant Name | : Dr.T.PALANIAPPAN | TPA | : TIDAL HEALTH INSURANCE TPA PRIVATE LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 14,700.00 |
| 3 | DIET CHARGES | ₹ 2,400.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,625.00 |
| 5 | LABORATORY | ₹ 11,001.00 |
| 6 | NURSING CHARGE | ₹ 2,800.00 |
| 7 | OTHER ADDITION | ₹ 3,000.00 |
| 8 | PHARMACY CHARGE | ₹ 4,320.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 8,250.00 |
| 10 | RADIOLOGY | ₹ 8,880.00 |
| Gross Amount | | ₹ 58,326.00 |
| Sanction Amount | | ₹ 42,363.00 |
| Net Payable | | ₹ 58,326.00 |
| Advance Amount | | ₹ 15,893.00 |
| Received Amount | | ₹ 2,545.00 |
| Refund Amount | | ₹ 2,475.00 |

Received Amount in Words : Eighteen Thousand Four Hundred Thirty-Eight Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/22/2024 | MMH/MH/RECH202402786 | CARD | Advance Amount | 3,000.00 |
| 2 | 7/25/2024 | MMH/MH/RECH202402835 | CARD | Advance Amount | 12,893.00 |
| 3 | 7/27/2024 | MMH/MH/REDH202416435 | CHEQUE | Collected Amount | 2,545.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|---------------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | DEL-0724-pa-0013478 | 42,363.00 |