

IN PATIENT SUMMARY BILL

UHID : MMH202479631

IP No : IP2024001640

Patient name : Mrs.RAJESHWARI.C

Age : 61 Y 1 M 25 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401629

Bill Date : 29/07/2024

DOA : 22/7/2024 12:15AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : MHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 35,500.00
3	BLOOD COMPONENTS	₹ 3,600.00
4	DIET CHARGES	₹ 3,750.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 4,750.00
7	GENERAL PROCEDURE	₹ 3,000.00
8	INTENSIVIST CHARGES	₹ 12,000.00
9	LABORATORY	₹ 49,264.00
10	NURSING CHARGE	₹ 9,600.00
11	OPERATION THEATRE CHARGES	₹ 3,500.00
12	OTHER ADDITION	₹ 25,357.00
13	PHARMACY CHARGE	₹ 45,418.00
14	PHYSIOTHERAPY	₹ 700.00
15	PROFESSIONAL TEAM FEES	₹ 24,750.00
16	RADIOLOGY	₹ 50,880.00
Gross Amount		₹ 273,919.00
Sanction Amount		₹ 223,821.00
Net Payable		₹ 273,919.00
Advance Amount		₹ 44,034.00
Received Amount		₹ 6,064.00

Received Amount in Words : Fifty Thousand Ninety-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/RECH202402777	CARD	Advance Amount	30,000.00
2	7/27/2024	MMH/MH/RECH202402866	CARD	Advance Amount	14,034.00
3	7/29/2024	MMH/MH/REDH202416541	CHEQUE	Collected Amount	6,064.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	123234376	223,821.00