

IN PATIENT SUMMARY BILL

|                 |                        |             |  |
|-----------------|------------------------|-------------|--|
| UHID            | : MMH202479963         | Bill No     | : MMH/MH/IP202401653                     |
| IP No           | : IP2024001706         | Bill Date   | : 31/07/2024                             |
| Patient name    | : Mrs.SAFINA N.S       | DOA         | : 30/7/2024 1:59PM                       |
| Age             | : 49 Y 4 M 21 D/Female | DOD         | :  |
|                 |                        | Entity Type | : Insurance                              |
|                 |                        | Entity Name | : THE NEW INDIA ASSURANCE CO.            |
| Consultant Name | : Dr.DURAI RAVI        | TPA         | : TIDAL HEALTH INSURANCE TPA PRIVATE LTD |

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 4,200.00  |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00    |
| 4               | NURSING CHARGE              | ₹ 800.00    |
| 5               | OPERATION THEATRE CHARGES   | ₹ 7,200.00  |
| 6               | OTHER ADDITION              | ₹ 2,090.00  |
| 7               | PHARMACY CHARGE             | ₹ 8,838.00  |
| 8               | PROFESSIONAL TEAM FEES      | ₹ 66,000.00 |
| 9               | RADIOLOGY                   | ₹ 480.00    |
| Gross Amount    |                             | ₹ 90,708.00 |
| Sanction Amount |                             | ₹ 88,637.00 |
| Net Payable     |                             | ₹ 90,708.00 |
| Advance Amount  |                             | ₹ 3,000.00  |
| Received Amount |                             | ₹ 0.00      |
| Refund Amount   |                             | ₹ 929.00    |

Received Amount in Words : Three Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 7/30/2024    | MMH/MH/RECH202402902 | CASH         | Advance Amount | 3,000.00        |

| Medical Claim                   | Claim No            | Sanction Amount |
|---------------------------------|---------------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | CHE-0724-PA-0003690 | 88,637.00       |