

IN PATIENT SUMMARY BILL

UHID	:	MMH202480142	Bill No	:	MMH/MH/IP202401746
IP No	:	IP2024001767	Bill Date	:	15/08/2024
Patient name	:	Ms.KRITIKA S	DOA	:	7/8/2024 11:31AM
Age	:	28 Y 5 M 17 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.ANANTH.V	TPA	:	MDINDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
4	GENERAL PROCEEDURE	₹ 2,000.00
5	LABORATORY	₹ 35,311.00
6	NURSING CHARGE	₹ 4,800.00
7	OTHER ADDITION	₹ 4,930.00
8	PHARMACY CHARGE	₹ 14,798.00
9	PROFESSIONAL TEAM FEES	₹ 12,750.00
10	RADIOLOGY	₹ 660.00
Gross Amount		₹ 96,599.00
Sanction Amount		₹ 89,704.00
Net Payable		₹ 96,599.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,105.00

Received Amount in Words : Ten Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/7/2024	MMH/MH/RECH202403029	CASH	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	MD18764562	89,704.00