

IN PATIENT SUMMARY BILL

UHID : MMH202480204

IP No : IP2024001773

Patient name : Mrs.SUMATHI A

Age : 57 Y 5 M 19 D/Female

Consultant Name : Dr.SUMITHA SRIRAM

Bill No : MMH/MH/IP202401725

Bill Date : 11/08/2024

DOA : 7/8/2024 11:00PM

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	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 12,500.00
5	GENERAL PROCEEDURE	₹ 1,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 5,933.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 18,300.00
10	OTHER ADDITION	₹ 7,683.00
11	PHARMACY CHARGE	₹ 18,521.00
12	PROFESSIONAL TEAM FEES	₹ 63,800.00
Gross Amount		₹ 146,037.00
Sanction Amount		₹ 60,538.00
Net Payable		₹ 146,037.00
Advance Amount		₹ 85,499.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Five Thousand Four Hundred Ninety-Nine Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/7/2024	MMH/MH/RECH202403041	CARD	Advance Amount	5,000.00
2	8/10/2024	MMH/MH/RECH202403079	CARD	Advance Amount	50,000.00
3	8/10/2024	MMH/MH/RECH202403080	UPI	Advance Amount	30,499.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39155853	60,538.00