IN PATIENT SUMMARY BILL

UHID : MMH202480228 Bill No : MMH/MH/IP202401760

IP No : IP2024001762 Bill Date : 17/08/2024

Patient name : Mr.ESWARAKRISHNAN.D DOA : 6/8/2024 8:14AM

Age : 54 Y 4 M 13 D/Male DOD

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

Consultant Name : Dr.T.PALANIAPPAN TPA : MEDDIASSIST INDIA TPA PVT LTD

Amount				ion	Descripti	S.No
350.00	₹		GES	STRATION CHAR	ADMINIS	1
10,725.00	₹			ARGES	BED CHA	2
1,750.00	₹			IARGES	DIET CH.	3
1,125.00	₹		R CHARGE	IEDICAL OFFICER	DUTY M	4
900.00	₹			IENT	EQUIPMI	5
23,865.00	₹			ATORY	LABORA	6
100.00	₹	MISCELLANEOUS				7
1,200.00	₹	NURSING CHARGE			8	
7,364.00	₹	OTHER ADDITION			9	
3,847.00	₹	PHARMACY CHARGE			10	
9,800.00	₹	PROFESSIONAL TEAM FEES			11	
19,040.00	₹			.OGY	RADIOLO	12
80,602.25	₹	Gross Amount	536.25	:	Amount	Tax A
80,602.00	₹	Sanction Amount				
80,602.00	₹	Net Payable				
0.00	₹	Received Amount				

Received Amount in Words : Zero Only SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	123611837	80,602.00