

IN PATIENT SUMMARY BILL

UHID	:	MMH202480315	Bill No	:	MMH/MH/IP202401742
IP No	:	IP2024001777	Bill Date	:	14/08/2024
Patient name	:	Mrs.NEELAVATHY N	DOA	:	8/8/2024 10:23AM
Age	:	63 Y 9 M 21 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEHDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 35,550.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 7,000.00
6	GENERAL PROCEEDURE	₹ 7,500.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 34,699.00
9	NURSING CHARGE	₹ 8,200.00
10	OTHER ADDITION	₹ 26,649.00
11	PHARMACY CHARGE	₹ 115,440.00
12	PHYSIOTHERAPY	₹ 9,100.00
13	PROFESSIONAL TEAM FEES	₹ 17,600.00
14	RADIOLOGY	₹ 52,440.00
15	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 329,528.00
Sanction Amount		₹ 307,492.00
Net Payable		₹ 329,528.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 38,360.00
Refund Amount		₹ 21,324.00

Received Amount in Words : Forty-Three Thousand Three Hundred Sixty Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/RECH202403044	CARD	Advance Amount	5,000.00
2	8/14/2024	MMH/MH/REDH202417803	CHEQUE	Collected Amount	38,360.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	123650165	307,492.00