

IN PATIENT SUMMARY BILL

UHID : MMH202480461

IP No : IP2024001793

Patient name : Mr.SINGARAJ P

Age : 63 Y 10 M 14 D/Male

Consultant Name : Dr.SRIVIDHYA.S

Bill No : MMH/MH/IP202401807

Bill Date : 23/08/2024

DOA : 11/8/2024 5:52PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	GENERAL PROCEEDURE	₹ 1,400.00
5	LABORATORY	₹ 7,924.00
6	NURSING CHARGE	₹ 3,200.00
7	OPERATION THEATRE CHARGES	₹ 11,050.00
8	OTHER ADDITION	₹ 2,379.00
9	PHARMACY CHARGE	₹ 24,581.00
10	PROFESSIONAL TEAM FEES	₹ 14,000.00
Gross Amount		₹ 78,884.00
Sanction Amount		₹ 48,884.00
Net Payable		₹ 78,884.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/11/2024	MMH/MH/RECH202403088	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	BLR-0824-PA-0005180	48,884.00