

IN PATIENT SUMMARY BILL

UHID : MMH202480466

IP No : IP2024001796

Patient name : Mr.RAJKUMAR S

Age : 67 Y 11 M 18 D/Male

Consultant Name : Dr.DURAI RAVI

Bill No : MMH/MH/IP202401774

Bill Date : 19/08/2024

DOA : 12/8/2024 10:17AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : PARARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	GENERAL PROCEEDURE	₹ 1,900.00
6	LABORATORY	₹ 12,346.00
7	NURSING CHARGE	₹ 3,600.00
8	OPERATION THEATRE CHARGES	₹ 11,050.00
9	OTHER ADDITION	₹ 14,130.00
10	PHARMACY CHARGE	₹ 46,024.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 106,150.00
13	RADIOLOGY	₹ 10,340.00
Gross Amount		₹ 224,340.00
Sanction Amount		₹ 208,800.00
Net Payable		₹ 224,340.00
Advance Amount		₹ 15,540.00
Received Amount		₹ 0.00

Received Amount in Words : Fifteen Thousand Five Hundred Forty Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/12/2024	MMH/MH/RECH202403097	CARD	Advance Amount	10,000.00
2	8/16/2024	MMH/MH/RECH202403164	CARD	Advance Amount	5,540.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	6917264,6915830	208,800.00