

IN PATIENT SUMMARY BILL

UHID : MMH202480655

IP No : IP2024001844

Patient name : Mr.DANDAPANI C

Age : 79 Y 6 M 22 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401844

Bill Date : 27/08/2024

DOA : 18/8/2024 11:28AM

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	₹ 13,975.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 750.00
6	LABORATORY	₹ 28,170.00
7	NURSING CHARGE	₹ 2,800.00
8	OTHER ADDITION	₹ 349.00
9	PHARMACY CHARGE	₹ 5,669.00
10	PROFESSIONAL TEAM FEES	₹ 6,050.00
11	RADIOLOGY	₹ 4,880.00
Gross Amount		₹ 68,118.00
Sanction Amount		₹ 56,094.00
Net Payable		₹ 68,118.00
Advance Amount		₹ 12,024.00
Received Amount		₹ 0.00

Received Amount in Words : Twelve Thousand Twenty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/18/2024	MMH/MH/RECH202403180	CARD	Advance Amount	3,000.00
2	8/21/2024	MMH/MH/RECH202403234	CARD	Advance Amount	9,024.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	123875522	56,094.00