

IN PATIENT SUMMARY BILL

UHID : MMH202480787

IP No : IP2024001892

Patient name : Mrs.PARVATHI B

Age : 67 Y 0 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401869

Bill Date : 30/08/2024

DOA : 23/8/2024 1:45PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO.

TPA : ~~PAR~~AMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 28,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 6,000.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 13,838.00
8	NURSING CHARGE	₹ 7,200.00
9	OTHER ADDITION	₹ 8,741.00
10	PHARMACY CHARGE	₹ 24,980.00
11	PHYSIOTHERAPY	₹ 2,600.00
12	PROFESSIONAL TEAM FEES	₹ 11,000.00
13	RADIOLOGY	₹ 21,630.00
Gross Amount		₹ 137,764.00
Sanction Amount		₹ 103,157.00
Net Payable		₹ 137,764.00
Advance Amount		₹ 34,607.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Four Thousand Six Hundred Seven Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/RECH202403261	UPI	Advance Amount	3,000.00
2	8/28/2024	MMH/MH/RECH202403319	CARD	Advance Amount	31,607.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	6932967	103,157.00