

IN PATIENT SUMMARY BILL

UHID : MMH202481458

IP No : IP2024002066

Patient name : Mrs.THAPITHAL C

Age : 47 Y 4 M 5 D/Female

Consultant Name : Dr.PADMA SRI

Bill No : MMH/MH/IP202402014

Bill Date : 20/09/2024

DOA : 17/9/2024 2:38PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 2,750.00 |
| 3 | DIET CHARGES | ₹ 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 6,424.00 |
| 7 | NURSING CHARGE | ₹ 2,000.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 8,200.00 |
| 9 | OTHER ADDITION | ₹ 15,203.00 |
| 10 | PHARMACY CHARGE | ₹ 20,329.00 |
| 11 | PROCEDURE CHARGES | ₹ 1,450.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 80,300.00 |
| Gross Amount | | ₹ 140,081.00 |
| Sanction Amount | | ₹ 114,918.00 |
| Net Payable | | ₹ 140,081.00 |
| Advance Amount | | ₹ 25,163.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Twenty-Five Thousand One Hundred Sixty-Three Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 9/19/2024 | MMH/MH/RECH202403661 | CARD | Advance Amount | 25,163.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|-----------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | 124621117 | 114,918.00 |