

IN PATIENT SUMMARY BILL

UHID : MMH202481534

IP No : IP2024002059

Patient name : Mr.MADURAI R SELVAM

Age : 56 Y 5 M 3 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202402193

Bill Date : 12/10/2024

DOA : 16/9/2024 1:29PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 62,250.00
4	DIET CHARGES	₹ 7,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
6	EQUIPMENT	₹ 54,700.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 48,062.00
9	NURSING CHARGE	₹ 13,000.00
10	OTHER ADDITION	₹ 20,001.00
11	PHARMACY CHARGE	₹ 83,011.00
12	PHYSIOTHERAPY	₹ 7,600.00
13	PROCEDURE CHARGES	₹ 2,700.00
14	PROFESSIONAL TEAM FEES	₹ 30,800.00
15	RADIOLOGY	₹ 8,144.00
Gross Amount		₹ 357,568.00
Sanction Amount		₹ 213,068.00
Discount Amount		₹ 15,000.00
Net Payable		₹ 342,568.00
Advance Amount		₹ 129,500.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty-Nine Thousand Five Hundred Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/MH/RECH202403990	NEFT	Advance Amount	126,500.00
2	9/16/2024	MMH/MH/RECH202403602	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	1248635,1250906	213,068.00