

IN PATIENT SUMMARY BILL

UHID : MMH202481552

IP No : IP2024002063

Patient name : Mrs.CHAMUNDEESVARI.V.S

Age : 50 Y 9 M 23 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402004

Bill Date : 19/09/2024

DOA : 17/9/2024 12:04AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 5,000.00
6	INVESTIGATIONS	₹ 1,000.00
7	LABORATORY	₹ 46,300.00
8	NURSING CHARGE	₹ 2,400.00
9	OTHER ADDITION	₹ 2,309.00
10	PHARMACY CHARGE	₹ 14,831.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROFESSIONAL TEAM FEES	₹ 22,000.00
13	RADIOLOGY	₹ 12,740.00
Gross Amount		₹ 120,030.00
Sanction Amount		₹ 93,593.00
Net Payable		₹ 120,030.00
Advance Amount		₹ 22,235.00
Received Amount		₹ 4,202.00

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

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/19/2024	MMH/MH/REDH202420680	CHEQUE	Collected Amount	4,202.00
2	9/17/2024	MMH/MH/RECH202403616	UPI	Advance Amount	5,000.00
3	9/19/2024	MMH/MH/RECH202403655	UPI	Advance Amount	17,235.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39793056	93,593.00