

IN PATIENT SUMMARY BILL

UHID : MMH202481612

IP No : IP2024002077

Patient name : Mr.ANDRENS ANAND

Age : 51 Y 2 M 17 D/Male

Consultant Name : Dr.DURAI RAVI

Bill No : MMH/MH/IP202402015

Bill Date : 20/09/2024

DOA : 18/9/2024 6:41PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 2,345.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 6,600.00
8	OTHER ADDITION	₹ 9,557.00
9	PHARMACY CHARGE	₹ 10,368.00
10	PROFESSIONAL TEAM FEES	₹ 27,500.00
Gross Amount		₹ 62,220.00
Sanction Amount		₹ 59,397.00
Net Payable		₹ 62,220.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,177.00

Received Amount in Words : Five Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MH/RECH202403644	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	24092001127	59,397.00