

IN PATIENT SUMMARY BILL

UHID : MMH202481679

IP No : IP2024002106

Patient name : Mrs.SAKTHI SARANYA.R

Age : 33 Y 11 M 18 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402088

Bill Date : 28/09/2024

DOA : 21/9/2024 9:27AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 1,100.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 21,300.00
4	BLOOD COMPONENTS	₹ 16,050.00
5	DIET CHARGES	₹ 3,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
7	EQUIPMENT	₹ 3,200.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 35,493.00
10	NURSING CHARGE	₹ 6,400.00
11	OTHER ADDITION	₹ 9,340.00
12	PHARMACY CHARGE	₹ 18,766.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 16,500.00
15	RADIOLOGY	₹ 5,510.00
Gross Amount		₹ 144,834.00
Sanction Amount		₹ 129,646.00
Net Payable		₹ 144,834.00
Advance Amount		₹ 15,188.00
Received Amount		₹ 0.00

Received Amount in Words : Fifteen Thousand One Hundred Eighty-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/RECH202403772	UPI	Advance Amount	12,188.00
2	9/21/2024	MMH/MH/RECH202403683	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	039906373	129,646.00