

IN PATIENT SUMMARY BILL

UHID	: MMH202481708	Bill No	: MMH/MH/IP202402063
IP No	: IP2024002113	Bill Date	: 26/09/2024
Patient name	: Mrs.TAMIL SELVI.V	DOA	: 21/9/2024 9:17PM
Age	: 34 Y 9 M 19 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO. LTD
Consultant Name	: Dr.MUTHUKUMAR		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 11,852.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 13,650.00
9	OTHER ADDITION	₹ 27,329.00
10	PHARMACY CHARGE	₹ 19,861.00
11	PROCEDURE CHARGES	₹ 450.00
12	PROFESSIONAL TEAM FEES	₹ 75,000.00
13	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 170,892.00
Sanction Amount		₹ 166,633.00
Net Payable		₹ 170,892.00
Advance Amount		₹ 4,259.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Two Hundred Fifty-Nine Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/24/2024	MMH/MH/RECH202403735	UPI	Advance Amount	4,259.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	241200200204	166,633.00