

IN PATIENT SUMMARY BILL

UHID : MMH202481719

IP No : IP2024002116

Patient name : Mrs.CHANDRA R

Age : 76 Y 10 M 4 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202402100

Bill Date : 30/09/2024

DOA : 22/9/2024 11:17AM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,050.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	LABORATORY	₹ 8,366.00
6	NURSING CHARGE	₹ 4,400.00
7	OPERATION THEATRE CHARGES	₹ 7,550.00
8	OTHER ADDITION	₹ 1,300.00
9	PHARMACY CHARGE	₹ 69,868.00
10	PHYSIOTHERAPY	₹ 1,500.00
11	PROCEDURE CHARGES	₹ 1,000.00
12	PROFESSIONAL TEAM FEES	₹ 21,000.00
13	RADIOLOGY	₹ 3,866.00
14	TRANSPORT	₹ 2,000.00
Gross Amount		₹ 134,375.00
Sanction Amount		₹ 82,913.00
Net Payable		₹ 134,375.00
Advance Amount		₹ 38,462.00
Received Amount		₹ 13,000.00

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

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MH/REDH202421513	UPI	Collected Amount	13,000.00
2	9/22/2024	MMH/MH/RECH202403700	CASH	Advance Amount	20,000.00
3	9/27/2024	MMH/MH/RECH202403789	CASH	Advance Amount	18,462.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39883873	82,913.00