

IN PATIENT SUMMARY BILL

UHID : MMH202481927

IP No : IP2024002162

Patient name : Mrs.RAJESWARI R

Age : 62 Y 5 M 15 D/Female

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202402103

Bill Date : 30/09/2024

DOA : 27/9/2024 4:20PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 10,135.00
7	NURSING CHARGE	₹ 2,800.00
8	OPERATION THEATRE CHARGES	₹ 12,150.00
9	OTHER ADDITION	₹ 22,422.00
10	PHARMACY CHARGE	₹ 68,431.00
11	PHYSIOTHERAPY	₹ 2,200.00
12	PROCEDURE CHARGES	₹ 1,500.00
13	PROFESSIONAL TEAM FEES	₹ 61,250.00
14	RADIOLOGY	₹ 8,450.00
Gross Amount		₹ 203,138.00
Sanction Amount		₹ 181,927.00
Net Payable		₹ 203,138.00
Advance Amount		₹ 21,211.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-One Thousand Two Hundred Eleven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/RECH202403785	UPI	Advance Amount	3,000.00
2	9/30/2024	MMH/MH/RECH202403842	UPI	Advance Amount	18,211.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39968241	181,927.00