

IN PATIENT SUMMARY BILL

UHID : MMH202481927

IP No : IP2024002185

Patient name : Mrs.RAJESWARI R

Age : 62 Y 5 M 20 D/Female

Consultant Name : Dr.SUBRAMANIAM.S

Bill No : MMH/MH/IP202402140

Bill Date : 05/10/2024

DOA : 30/9/2024 8:30PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 10,898.00
6	NURSING CHARGE	₹ 2,400.00
7	OTHER ADDITION	₹ 3,549.00
8	PHARMACY CHARGE	₹ 9,218.00
9	PHYSIOTHERAPY	₹ 2,400.00
10	PROFESSIONAL TEAM FEES	₹ 6,600.00
11	RADIOLOGY	₹ 528.00
Gross Amount		₹ 48,443.00
Sanction Amount		₹ 46,458.00
Net Payable		₹ 48,443.00
Advance Amount		₹ 1,985.00
Received Amount		₹ 0.00

Received Amount in Words : One Thousand Nine Hundred Eighty-Five Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/3/2024	MMH/MH/RECH202403891	UPI	Advance Amount	1,985.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	40023108	46,458.00