

IN PATIENT SUMMARY BILL

UHID : MMH202482146

IP No : IP2024002172

Patient name : Mr.SUNDARAM.S

Age : 56 Y 4 M 6 D/Male

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202402116

Bill Date : 01/10/2024

DOA : 29/9/2024 9:54AM

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	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	EQUIPMENT	₹ 3,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 10,240.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 14,120.00
9	OTHER ADDITION	₹ 14,920.00
10	PHARMACY CHARGE	₹ 14,935.00
11	PROFESSIONAL TEAM FEES	₹ 125,950.00
Gross Amount		₹ 197,215.00
Sanction Amount		₹ 189,675.00
Net Payable		₹ 197,215.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,460.00

Received Amount in Words : Ten Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/29/2024	MMH/MH/RECH202403815	UPI	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39976919	189,675.00