

IN PATIENT SUMMARY BILL

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|-----------------|-------------------------|-------------|-------------------------------|
| UHID | : MMH202477092 | Bill No | : MMH/MH/IP202401882 |
| IP No | : IP2024001832 | Bill Date | : 31/08/2024 |
| Patient name | : Mrs.LAKSHMI B | DOA | : 16/8/2024 1:14PM |
| Age | : 84 Y 10 M 19 D/Female | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : THE NEW INDIA ASSURANCE CO. |
| Consultant Name | : Dr.SUPRAJA K | TPA | : MDINDIA TPA PVT LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 84,300.00 |
| 3 | DIET CHARGES | ₹ 8,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,000.00 |
| 5 | EQUIPMENT | ₹ 57,200.00 |
| 6 | GENERAL PROCEEDURE | ₹ 11,000.00 |
| 7 | INTENSIVIST CHARGES | ₹ 27,000.00 |
| 8 | LABORATORY | ₹ 152,203.00 |
| 9 | NURSING CHARGE | ₹ 25,200.00 |
| 10 | OTHER ADDITION | ₹ 97,269.00 |
| 11 | PHARMACY CHARGE | ₹ 232,671.00 |
| 12 | PHYSIOTHERAPY | ₹ 7,400.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 60,300.00 |
| 14 | RADIOLOGY | ₹ 41,088.00 |
| 15 | TRANSPORT | ₹ 1,500.00 |
| Gross Amount | | ₹ 808,481.00 |
| Sanction Amount | | ₹ 747,745.00 |
| Net Payable | | ₹ 808,481.00 |
| Advance Amount | | ₹ 60,736.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Sixty Thousand Seven Hundred Thirty-Six Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 8/16/2024 | MMH/MH/RECH202403160 | UPI | Advance Amount | 3,000.00 |
| 2 | 8/31/2024 | MMH/MH/RECH202403366 | UPI | Advance Amount | 57,736.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | MD18788435 | 747,745.00 |