

IN PATIENT SUMMARY BILL

UHID : MMH202482290

IP No : IP2024002201

Patient name : Mr.SUDHARSANAN R

Age : 51 Y 4 M 1 D/Male

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202402144

Bill Date : 05/10/2024

DOA : 3/10/2024 12:59PM

DOD :

Entity Type : Insurance

Entity Name : THE NEW INDIA ASSURANCE CO. LTD

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 6,300.00   |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00   |
| 4               | EQUIPMENT                   | ₹ 4,000.00   |
| 5               | INJECTION CHARGES           | ₹ 200.00     |
| 6               | LABORATORY                  | ₹ 2,333.00   |
| 7               | NURSING CHARGE              | ₹ 1,200.00   |
| 8               | OPERATION THEATRE CHARGES   | ₹ 16,850.00  |
| 9               | OTHER ADDITION              | ₹ 13,593.00  |
| 10              | PHARMACY CHARGE             | ₹ 11,238.00  |
| 11              | PROCEDURE CHARGES           | ₹ 500.00     |
| 12              | PROFESSIONAL TEAM FEES      | ₹ 77,000.00  |
| Gross Amount    |                             | ₹ 134,689.00 |
| Sanction Amount |                             | ₹ 116,959.00 |
| Net Payable     |                             | ₹ 134,689.00 |
| Advance Amount  |                             | ₹ 17,730.00  |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Seventeen Thousand Seven Hundred Thirty Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 10/3/2024    | MMH/MH/RECH202403879 | UPI          | Advance Amount | 5,000.00        |
| 2    | 10/4/2024    | MMH/MH/RECH202403902 | UPI          | Advance Amount | 12,730.00       |

| Medical Claim                   | Claim No            | Sanction Amount |
|---------------------------------|---------------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | DEL-1024-PA-0000392 | 116,959.00      |