

IN PATIENT SUMMARY BILL

UHID	: MHC202401440	Bill No	: MMH/CM/IP202402220
IP No	: IPC2024002183	Bill Date	: 19/08/2024
Patient name	: Baby.ABIJEETH.S	DOA	: 11/8/2024 4:27PM
Age	: 1 Y 0 M 11 D/Male	DOD	: 19/8/2024 3:09PM
		Entity Type	: Insurance
		Entity Name	: THE NEW INDIA ASSURANCE CO.
Consultant Name	: Dr.ARAVINDH RAJHA P.S	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	BED CHARGES	₹ 17,400.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
3	EQUIPMENT	₹ 6,000.00
4	INFECTION CONTROL	₹ 100.00
5	IP REGISTRATION	₹ 250.00
6	LABORATORY	₹ 1,370.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,500.00
9	OTHER ADDITION	₹ 3,250.00
10	PHARMACY CHARGE	₹ 4,306.00
11	PROFESSIONAL TEAM FEES	₹ 3,750.00
Gross Amount		₹ 41,126.00
Sanction Amount		₹ 32,759.00
Discount Amount		₹ 1,367.00
Net Payable		₹ 39,759.00
Advance Amount		₹ 7,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand Only

IMANUVEL  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/11/2024	MMH/CM/RECAP202401715	CARD	Advance Amount	3,000.00
2	8/17/2024	MMH/CM/RECAP202401755	CARD	Advance Amount	4,000.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	39221472	32,759.00