

IN PATIENT SUMMARY BILL

UHID	:	MHM202405150	Bill No	:	MMH/MM/IPM202400470
IP No	:	IPM2024000468	Bill Date	:	11/06/2024
Patient name	:	Ms.DARSHIKA P	DOA	:	10/6/2024 6:00AM
Age	:	11 Y 0 M 15 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE NEW INDIA ASSURANCE CO.
Consultant Name	:	Dr.MOHAMMED SIDDIQUE	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
4	INJECTION CHARGES	₹ 150.00
5	IP REGISTRATION	₹ 150.00
6	LABORATORY	₹ 6,480.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 2,500.00
10	OTHER ADDITION	₹ 4,786.00
11	PHARMACY CHARGE	₹ 3,427.00
12	PROFESSIONAL FEES	₹ 20,000.00
Gross Amount		₹ 42,893.00
Discount Amount		₹ 5,000.00
Net Payable		₹ 37,893.00
Advance Amount		₹ 5,951.00
Received Amount		₹ 0.00

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

BASKAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/10/2024	MMH/MM/RECAP202400645	UPI	Advance Amount	2,000.00
2	6/11/2024	MMH/MM/RECAP202400648	UPI	Advance Amount	3,951.00