

In- patient bill (Summary)

GSTIN : 29AACCS9646M2ZI

I.P. No. : 25/30228	Original	Bill No. : PROVISIONAL
UHID : 20886263		Run Date : 27/09/2025 03:29 PM
Patient Name : Baby BHIMANAPATI HANVITHA		Consultant : Dr. RAGHUNATH C N
Gender/Age : Female/7 Yr 5 Mth 5 Days		D.O.A : 23/07/2025 08:18 PM
Contact No : 8123865855 ,		D.O.D : 27/09/2025 10:10(EXPIRED)
Address : 16-112A TADIKONDA ANDRA PRADESH GUNTUR, Andhra Pradesh		Bed No/Ward : F2-PICU01/F2-PICU
Payer : MEDI ASSIST INSURANCE TPA PRIVATE LIMITED		Billing Category : ICU 1
Sponsor : THE NEW INDIA ASSURANCE CO. LTD		Approval No :
Payer GSTIN		

Card No :

S#	Particulars	Gross Amt	Net Amt	Pat Amt	Payer Amt
1	BED RENTALS	495000.00	495000.00	0.00	0.00
2	CONSULTATIONS	517500.00	517500.00	0.00	0.00
3	EMERGENCY	153130.00	153130.00	0.00	0.00
4	EQUIPMENTS	597500.00	597500.00	0.00	0.00
5	LABORATORY	789605.00	789605.00	0.00	0.00
6	OPERATION THEATRE	78050.00	78050.00	0.00	0.00
7	RADIOLOGY	142260.00	142260.00	0.00	0.00
8	GASTROENTEROLOGY	7175.00	7175.00	0.00	0.00
9	MEDICAL RECORDS	850.00	850.00	0.00	0.00
10	NEUROLOGY	30450.00	30450.00	0.00	0.00
11	PAEDIATRIC SURGERY	144950.01	144950.01	0.00	0.00
12	DOCUMENTATION & PROCESSING FEE	750.00	750.00	0.00	0.00
13	BLOOD BANK	79160.00	79160.00	0.00	0.00
14	IP PHARMACY	2434401.77	2434401.77	0.00	0.00
15	OT PHARMACY	31532.87	31532.87	0.00	0.00
16	JNR CENTRAL PHARMACY	426.00	426.00	0.00	0.00
		5502740.65	5502740.65	0.00	0.00

Gross Amount 5502740.65

Net Amount 5502741.00

Amount To Be Received (Rs.) 5502741.00

Amount In Words:(Rs.) Fifty Five Lakh Two Thousand Seven Hundred Forty One only .

Patient's/Attendant's Signature

Authorised Signatory