

IN PATIENT SUMMARY BILL

UHID	: MH04021	Bill No	: MMH/MH/IP202401085
IP No	: IP2024001089	Bill Date	: 20/05/2024
Patient name	: Mrs.JAYANTHI T	DOA	: 12/5/2024 4:47PM
Age	: 57 Y 11 M 8 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.ARUN KUMAR.I	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 25,200.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	EQUIPMENT	₹ 900.00
7	GENERAL PROCEDURE	₹ 950.00
8	INJECTION CHARGES	₹ 1,200.00
9	LABORATORY	₹ 7,074.00
10	NURSING CHARGE	₹ 4,800.00
11	OPERATION THEATRE CHARGES	₹ 29,969.00
12	PHARMACY CHARGE	₹ 252,097.00
13	PHYSIOTHERAPY	₹ 7,200.00
14	PROFESSIONAL TEAM FEES	₹ 116,000.00
15	RADIOLOGY	₹ 2,160.00
Gross Amount		₹ 460,000.00
Sanction Amount		₹ 225,000.00
Net Payable		₹ 460,000.00
Advance Amount		₹ 235,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Thirty-Five Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	100,000.00
2	18/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	135,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	FBD -0524-PA-0000122	225,000.00