

IN PATIENT SUMMARY BILL

UHID	:	MH16681	Bill No	:	MMH/MH/IP202401877
IP No	:	IP2024001918	Bill Date	:	31/08/2024
Patient name	:	Mrs.SAVITHA S	DOA	:	28/8/2024 2:28PM
Age	:	63 Y 0 M 11 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 1,950.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	LABORATORY	₹ 14,289.00
6	NURSING CHARGE	₹ 2,000.00
7	OTHER ADDITION	₹ 4,782.00
8	PROFESSIONAL TEAM FEES	₹ 4,400.00
9	RADIOLOGY	₹ 28,800.00
Gross Amount		₹ 68,946.00
Sanction Amount		₹ 67,996.00
Net Payable		₹ 68,946.00
Advance Amount		₹ 950.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Hundred Fifty Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/30/2024	MMH/MH/RECH202403356	UPI	Advance Amount	950.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	241400173309	67,996.00