

IN PATIENT SUMMARY BILL

|                 |                        |             |  |
|-----------------|------------------------|-------------|--|
| UHID            | : MH23882              | Bill No     | : MMH/MH/IP202401698                     |
| IP No           | : IP2024001756         | Bill Date   | : 08/08/2024                             |
| Patient name    | : Mrs.RAJALAKSHMI G    | DOA         | : 5/8/2024 6:08PM                        |
| Age             | : 57 Y 8 M 22 D/Female | DOD         | :  |
|                 |                        | Entity Type | : Insurance                              |
|                 |                        | Entity Name | : TATA AIG                               |
| 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                 | ₹ 5,500.00   |
| 3               | DIET CHARGES                | ₹ 1,000.00   |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00   |
| 5               | GENERAL PROCEDURE           | ₹ 450.00     |
| 6               | INJECTION CHARGES           | ₹ 200.00     |
| 7               | LABORATORY                  | ₹ 8,605.00   |
| 8               | NURSING CHARGE              | ₹ 1,600.00   |
| 9               | OPERATION THEATRE CHARGES   | ₹ 12,050.00  |
| 10              | OTHER ADDITION              | ₹ 6,218.00   |
| 11              | PHARMACY CHARGE             | ₹ 28,542.00  |
| 12              | PROFESSIONAL TEAM FEES      | ₹ 42,350.00  |
| 13              | RADIOLOGY                   | ₹ 3,932.00   |
| Gross Amount    |                             | ₹ 112,297.00 |
| Sanction Amount |                             | ₹ 102,987.00 |
| Net Payable     |                             | ₹ 112,297.00 |
| Advance Amount  |                             | ₹ 9,310.00   |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Nine Thousand Three Hundred Ten Only

KARTHICK.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 8/5/2024     | MMH/MH/RECH202403013 | CARD         | Advance Amount | 3,000.00        |
| 2    | 8/7/2024     | MMH/MH/RECH202403037 | CARD         | Advance Amount | 6,310.00        |

| Medical Claim | Claim No            | Sanction Amount |
|---------------|---------------------|-----------------|
| TATA AIG      | CHE-0824-PA-0000742 | 102,987.00      |