

IN PATIENT SUMMARY BILL

UHID	: MH36358	Bill No	: MMH/MH/IP202400089
IP No	: IP2024000024	Bill Date	: 12/01/2024
Patient name	: Ms.HARITHA K	DOA	: 4/1/2024 9:13AM
Age	: 29 Y 6 M 3 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MEDIRASST CO LTD TPA
			PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,875.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,550.00
5	EQUIPMENT	₹ 1,000.00
6	LABORATORY	₹ 21,861.00
7	NURSING CHARGE	₹ 4,875.00
8	OTHER ADDITION	₹ 11,714.00
9	PHARMACY CHARGE	₹ 17,801.00
10	PROFESSIONAL TEAM FEES	₹ 9,350.00
Gross Amount		₹ 89,876.00
Sanction Amount		₹ 85,332.00
Net Payable		₹ 89,876.00
Advance Amount		₹ 4,544.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Five Hundred Forty-Four Only

KEERTHIKA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	3,000.00
2	10/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	1,544.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	118560598	85,332.00