

IN PATIENT SUMMARY BILL

UHID	: MH43055	Bill No	: MMH/MH/IP202401287
IP No	: IP2024001323	Bill Date	: 18/06/2024
Patient name	: Mrs.NAMAGIRI LAKSHMI V	DOA	: 12/6/2024 9:45PM
Age	: 80 Y 0 M 6 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 14,702.00
5	NURSING CHARGE	₹ 2,400.00
6	OTHER ADDITION	₹ 3,551.00
7	PHARMACY CHARGE	₹ 49,676.00
8	PROFESSIONAL TEAM FEES	₹ 9,650.00
9	RADIOLOGY	₹ 15,720.00
10	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 110,849.00
Sanction Amount		₹ 107,464.00
Net Payable		₹ 110,849.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 466.00
Refund Amount		₹ 57,081.00

Received Amount in Words : Sixty Thousand Four Hundred Sixty-Six Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402195	CARD	Advance Amount	40,000.00
2	6/15/2024	MMH/MH/RECH202402196	CARD	Advance Amount	20,000.00
3	6/18/2024	MMH/MH/REDH202413073	CHEQUE	Collected Amount	466.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0624-PA-0001532	107,464.00