

IN PATIENT SUMMARY BILL

UHID	: MH43109	Bill No	: MMH/MH/IP202402101
IP No	: IP2024002089	Bill Date	: 30/09/2024
Patient name	: Ms.AMINDER KAUR	DOA	: 19/9/2024 7:13PM
Age	: 62/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.ASHWANTH NARAYAN B		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 11,109.00
6	NURSING CHARGE	₹ 3,200.00
7	OPERATION THEATRE CHARGES	₹ 16,700.00
8	OTHER ADDITION	₹ 7,580.00
9	PHARMACY CHARGE	₹ 93,764.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROCEDURE CHARGES	₹ 1,450.00
12	PROFESSIONAL TEAM FEES	₹ 88,550.00
13	RADIOLOGY	₹ 1,560.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 251,263.00
Sanction Amount		₹ 171,474.00
Net Payable		₹ 251,263.00
Advance Amount		₹ 79,789.00
Received Amount		₹ 0.00

Received Amount in Words	: Seventy-Nine Thousand Seven Hundred Eighty-Nine Only	SUDHA Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/24/2024	MMH/MH/RECH202403734	CARD	Advance Amount	79,789.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0924-PA-0002693	171,474.00