

**IN PATIENT SUMMARY BILL**

UHID : MH46786  
IP No : IP2023002618  
Patient name : Mrs.HEMAVATHY K  
Age : 81 Y 0 M 8 D/Female

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP00101  
Bill Date : 08/12/2023  
DOA : 30/11/2023 1:15PM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
TPA : UNITED INDIA INSURANCE CO. LTD.  
INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 28,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 21,932.00
6	NURSING CHARGE	₹ 5,250.00
7	OTHER ADDITION	₹ 14,252.00
8	PHARMACY CHARGE	₹ 10,599.00
9	PROFESSIONAL TEAM FEES	₹ 21,450.00
10	RADIOLOGY	₹ 5,580.00
11	TRANSPORT	₹ 1,500.00

**Gross Amount** ₹ **115,013.00**  
**Sanction Amount** ₹ **102,212.00**  
**Net Payable** ₹ **115,013.00**  
**Advance Amount** ₹ **5,000.00**  
**Received Amount** ₹ **7,801.00**

**Received Amount in Words** : Twelve Thousand Eight Hundred One Only

KARTHIK C

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 13:31:15.490	MMH/MH/RECH00129	UPI	Advance Amount	5,000.00
2	2023-12-08 20:19:00.623	MMH/MH/REDH01146	UPI	Collected Amount	7,801.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	CHE-1223-PA-0000753	102,212.00