

IN PATIENT SUMMARY BILL

UHID	: MH47436	Bill No	: MMH/MH/IP202400348
IP No	: IP2024000267	Bill Date	: 15/02/2024
Patient name	: Mr.PADMANABHAN	DOA	: 3/2/2024 3:31PM
Age	: 85 Y 7 M 30 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: UNITED INDIA INSURANCE CO LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 36,025.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
5	LABORATORY	₹ 14,279.00
6	NURSING CHARGE	₹ 6,000.00
7	OTHER ADDITION	₹ 15,050.00
8	PHARMACY CHARGE	₹ 21,885.00
9	PROFESSIONAL TEAM FEES	₹ 19,800.00
10	RADIOLOGY	₹ 9,960.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 131,474.00
Sanction Amount		₹ 131,474.00
Net Payable		₹ 131,474.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	231400326303	131,474.00