## IN PATIENT SUMMARY BILL

UHID : MH48248 Bill No : MMH/MH/IP00109

IP No : IP2023002655 Bill Date : 10/12/2023

Patient name Mrs.SNEHA S DOA : 5/12/2023 8:21PM

Age : 34 Y 6 M 27 D/Female DOD

Entity Type : Insurance Entity Name : UNITED INDIA

Consultant Name Dr.T.PALANIAPPAN TPA MISDRASISCET CND LATEDPA

PVT LTD

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	8,400.00
3	DUTY MEDICAL OFFICER CHARGE		₹	1,400.00
4	LABORATORY		₹	17,864.00
5	NURSING CHARGE		₹	1,500.00
6	OTHER ADDITION		₹	956.00
7	PHARMACY CHARGE		₹	3,052.00
8	PROFESSIONAL TEAM FEES		₹	8,800.00
9	RADIOLOGY		₹	9,000.00
		Gross Amount	₹	51,322.00
		Constian Amount	∌	EO 100 00

 Gross Amount
 ₹
 51,322.00

 Sanction Amount
 ₹
 50,198.00

 Net Payable
 ₹
 51,322.00

 Advance Amount
 ₹
 5,000.00

 Received Amount
 ₹
 0.00

 Refund Amount
 ₹
 3,876.00

Received Amount in Words : Five Thousand Only KARTHIK C

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-09 12:05:26.290	MMH/MH/RECH00240	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	117968722	50,198.00