

IN PATIENT SUMMARY BILL

UHID : MH48802

IP No : IP2024000822

Patient name : Mrs.KAMAKSHI JAYARAMAN

Age : 76 Y 0 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400821

Bill Date : 15/04/2024

DOA : 8/4/2024 9:30AM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO

TPA : MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 28,700.00
5	INTENSIVIST CHARGES	₹ 12,000.00
6	LABORATORY	₹ 52,554.00
7	NURSING CHARGE	₹ 9,200.00
8	OTHER ADDITION	₹ 37,319.00
9	PHARMACY CHARGE	₹ 69,879.00
10	PHYSIOTHERAPY	₹ 4,200.00
11	PROFESSIONAL TEAM FEES	₹ 20,900.00
12	RADIOLOGY	₹ 14,690.00
Gross Amount		₹ 288,342.00
Sanction Amount		₹ 273,646.00
Net Payable		₹ 288,342.00
Advance Amount		₹ 14,696.00
Received Amount		₹ 0.00

Received Amount in Words : Fourteen Thousand Six Hundred Ninety-Six Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	3,000.00
2	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	11,696.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	37411002	273,646.00