

IN PATIENT SUMMARY BILL

UHID	:	MH53613	Bill No	:	MMH/MH/IP202401870
IP No	:	IP2024001554	Bill Date	:	30/08/2024
Patient name	:	Mrs.UMA PARTHASARATHY	DOA	:	8/7/2024 4:09PM
Age	:	63 Y 1 M 19 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.BASHEER AHMED	TPA	:	MD INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	GENERAL PROCEEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,557.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 16,550.00
11	OTHER ADDITION	₹ 8,643.00
12	PHARMACY CHARGE	₹ 58,390.00
13	PROFESSIONAL TEAM FEES	₹ 31,000.00
14	RADIOLOGY	₹ 576.00
Gross Amount		₹ 140,266.00
Sanction Amount		₹ 90,266.00
Net Payable		₹ 140,266.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/8/2024	MMH/MH/RECH202403321	CASH	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD18702553	90,266.00