

IN PATIENT SUMMARY BILL

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|-----------------|----------------------|-------------|--|
| UHID | : MH54799 | Bill No | : MMH/MH/IP202400574 |
| IP No | : IP2024000557 | Bill Date | : 16/03/2024 |
| Patient name | : Mr.MANIKANDAN S | DOA | : 12/3/2024 10:58AM |
| Age | : 27 Y 3 M 13 D/Male | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : UNITED INDIA INSURANCE CO |
| Consultant Name | : Dr.T.PALANIAPPAN | TPA | : VIDAL HEALTH INSURANCE TPA PRIVATE LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 14,700.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,625.00 |
| 4 | EQUIPMENT | ₹ 1,200.00 |
| 5 | LABORATORY | ₹ 34,330.00 |
| 6 | NURSING CHARGE | ₹ 2,800.00 |
| 7 | OTHER ADDITION | ₹ 16,283.00 |
| 8 | PHARMACY CHARGE | ₹ 10,013.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 11,550.00 |
| 10 | RADIOLOGY | ₹ 9,000.00 |
| Gross Amount | | ₹ 102,851.00 |
| Sanction Amount | | ₹ 99,988.00 |
| Net Payable | | ₹ 102,851.00 |
| Advance Amount | | ₹ 2,863.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Two Thousand Eight Hundred Sixty-Three Only

DINESH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1 | 16/03/2024 | MMH/MH/RECH2024009 | CHEQUE | Advance Amount | 2,863.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|---------------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | CHE-0324-PA-0001627 | 99,988.00 |