

IN PATIENT SUMMARY BILL

UHID	: MH55168	Bill No	: MMH/MH/IP202401534
IP No	: IP2024001564	Bill Date	: 18/07/2024
Patient name	: Mrs.DHANALAKSHMI.N	DOA	: 12/7/2024 12:05AM
Age	: 27 Y 0 M 7 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.INDHUMATHY.M	TPA	: MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 900.00
6	LABORATORY	₹ 9,572.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 1,844.00
9	PHARMACY CHARGE	₹ 4,783.00
10	PROFESSIONAL TEAM FEES	₹ 12,100.00
Gross Amount		₹ 48,749.00
Sanction Amount		₹ 44,857.00
Net Payable		₹ 48,749.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,708.00
Refund Amount		₹ 2,816.00

Received Amount in Words : Six Thousand Seven Hundred Eight Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402601	UPI	Advance Amount	5,000.00
2	7/18/2024	MMH/MH/REDH202415669	CHEQUE	Collected Amount	1,708.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	36793631	44,857.00