

IN PATIENT SUMMARY BILL

UHID	: MH56088	Bill No	: MMH/MH/IP202401557
IP No	: IP2024001560	Bill Date	: 20/07/2024
Patient name	: Mrs.UMA T	DOA	: 7/7/2024 5:31PM
Age	: 74 Y 5 M 19 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.SHIVA KUMAR D	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 76,450.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 127,850.00
5	GENERAL PROCEDURE	₹ 6,200.00
6	INJECTION CHARGES	₹ 4,200.00
7	INTENSIVIST CHARGES	₹ 24,000.00
8	LABORATORY	₹ 104,273.00
9	NURSING CHARGE	₹ 19,200.00
10	OPERATION THEATRE CHARGES	₹ 11,200.00
11	OTHER ADDITION	₹ 26,551.00
12	PHARMACY CHARGE	₹ 135,150.00
13	PHYSIOTHERAPY	₹ 10,900.00
14	PROFESSIONAL TEAM FEES	₹ 69,300.00
15	RADIOLOGY	₹ 54,140.00
16	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 673,764.00
Sanction Amount		₹ 528,764.00
Net Payable		₹ 673,764.00
Advance Amount		₹ 145,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Forty-Five Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/20/2024	MMH/MH/RECH202402759	CASH	Advance Amount	115,000.00
2	7/8/2024	MMH/MH/RECH202402761	CARD	Advance Amount	27,000.00
3	7/7/2024	MMH/MH/RECH202402762	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	DEL-0724-PA-0012174	528,764.00