

IN PATIENT SUMMARY BILL

UHID : MH56752

IP No : IP2024001159

Patient name : Ms.RAJA PRIYA G

Age : 20 Y 7 M 14 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401168

Bill Date : 30/05/2024

DOA : 22/5/2024 9:40PM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO

TPA : VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 14,881.00
7	NURSING CHARGE	₹ 1,600.00
8	OTHER ADDITION	₹ 14,732.00
9	PHARMACY CHARGE	₹ 7,324.00
10	PROFESSIONAL TEAM FEES	₹ 7,700.00
11	RADIOLOGY	₹ 1,800.00
Gross Amount		₹ 60,487.00
Sanction Amount		₹ 56,134.00
Net Payable		₹ 60,487.00
Received Amount		₹ 4,353.00

Received Amount in Words : Four Thousand Three Hundred Fifty-Three Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/05/2024	MMH/MH/REDH2024116	CHEQUE	Collected Amount	4,353.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0524-PA-0002685	56,134.00