

IN PATIENT SUMMARY BILL

UHID	:	MH56940	Bill No	:	MMH/MH/IP202401644
IP No	:	IP2024001656	Bill Date	:	31/07/2024
Patient name	:	Mr.ANAND K.H	DOA	:	24/7/2024 9:46AM
Age	:	31 Y 8 M 22 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.ARUN KUMAR.I	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 7,192.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,321.00
8	MISCELLANEOUS	₹ 100.00
9	NURSING CHARGE	₹ 1,200.00
10	OPERATION THEATRE CHARGES	₹ 14,500.00
11	PHARMACY CHARGE	₹ 64,607.00
12	PHYSIOTHERAPY	₹ 1,200.00
13	PROFESSIONAL TEAM FEES	₹ 61,500.00
Gross Amount		₹ 164,220.00
Sanction Amount		₹ 164,220.00
Net Payable		₹ 164,220.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,000.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MH/RECH202402810	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	123222036	164,220.00