

IN PATIENT SUMMARY BILL

UHID	: MHI202370285	Bill No	: MMH/HM/IPH202400554
IP No	: IPH2024000554	Bill Date	: 11/03/2024
Patient name	: Mrs.LAKSHMI S	DOA	: 8/3/2024 11:32AM
Age	: 47 Y 9 M 25 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.G. GNANAVELU	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 11,625.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 6,875.00
7	IMPLANT	₹ 64,900.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 876.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 13,762.00
14	PROFESSIONAL TEAM FEES	₹ 20,000.00
15	RADIOLOGY	₹ 960.00
Gross Amount		₹ 133,048.00
Sanction Amount		₹ 55,250.00
Net Payable		₹ 133,048.00
Advance Amount		₹ 77,798.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Seven Thousand Seven Hundred  
Ninety-Eight Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	50,000.00
2	10/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	27,798.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8120752	55,250.00