

IN PATIENT SUMMARY BILL

UHID	: MHI202381096	Bill No	: MMH/HM/IPH202400912
IP No	: IPH2024000920	Bill Date	: 18/04/2024
Patient name	: Mr.GOWTHAMAN	DOA	: 16/4/2024 11:36AM
Age	: 60 Y 2 M 5 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 6,875.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	IP REGISTRATION	₹ 150.00
8	LABORATORY	₹ 1,392.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,400.00
11	OPERATION THEATRE CHARGES	₹ 4,000.00
12	PHARMACY CHARGE	₹ 15,904.00
13	PROFESSIONAL TEAM FEES	₹ 25,382.00
Gross Amount		₹ 63,403.00
Sanction Amount		₹ 22,500.00
Net Payable		₹ 63,403.00
Advance Amount		₹ 40,903.00
Received Amount		₹ 0.00

Received Amount in Words : Forty Thousand Nine Hundred Three Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	20,000.00
2	18/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	20,903.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	37493281	22,500.00