

IN PATIENT SUMMARY BILL

UHID : MMH202371848
IP No : IP2023002701
Patient name : Mrs.RAJESWARI C M
Age : 86 Y 6 M 13 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00155
Bill Date : 16/12/2023
DOA : 11/12/2023 1:09PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : MSURANCE CO PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	GENERAL PROCEDURE	₹ 450.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 13,753.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 6,250.00
9	OTHERS	₹ 12,015.00
10	PHARMACY CHARGE	₹ 17,010.00
11	PROFESSIONAL TEAM FEES	₹ 15,400.00
12	RADIOLOGY	₹ 7,980.00

Gross Amount	₹ 96,008.00
Sanction Amount	₹ 93,850.00
Net Payable	₹ 96,008.00
Advance Amount	₹ 11,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 8,842.00

Received Amount in Words : Eleven Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD18239870	93,850.00