

IN PATIENT SUMMARY BILL

UHID : MMH202372237
IP No : IP2023002761
Patient name : Baby.YUVASHREE U
Age : 9 Y 1 M 29 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00230
Bill Date : 26/12/2023
DOA : 19/12/2023 3:02PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : INSURANCE CO LTD
INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 529.00
5	NURSING CHARGE	₹ 1,500.00
6	OTHER ADDITION	₹ 10,711.00
7	PHARMACY CHARGE	₹ 2,496.00
8	PROFESSIONAL TEAM FEES	₹ 8,250.00

Gross Amount ₹ **27,436.00**
Sanction Amount ₹ **25,945.00**
Net Payable ₹ **27,436.00**
Advance Amount ₹ **1,491.00**
Received Amount ₹ **0.00**

Received Amount in Words : One Thousand Four Hundred Ninety-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/12/2023	MMH/MH/RECH00432	CASH	Advance Amount	1,491.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0002943	25,945.00