

IN PATIENT SUMMARY BILL

UHID	: MMH202372474	Bill No	: MMH/MH/IP202400059
IP No	: IP2023002807	Bill Date	: 09/01/2024
Patient name	: Mr.VENKATACHALAM R	DOA	: 26/12/2023 12:25PM
Age	: 58 Y 7 M 0 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: INSURANCE CO LTD
			: INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DIET CHARGES	₹ 1,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
5	EQUIPMENT	₹ 3,000.00
6	LABORATORY	₹ 10,845.00
7	NURSING CHARGE	₹ 5,250.00
8	OTHER ADDITION	₹ 20,300.00
9	PHARMACY CHARGE	₹ 31,012.00
10	PROFESSIONAL TEAM FEES	₹ 16,500.00
11	RADIOLOGY	₹ 28,670.00
Gross Amount		₹ 130,327.00
Sanction Amount		₹ 122,451.00
Net Payable		₹ 130,327.00
Received Amount		₹ 0.00
Amount Payable		₹ 7,876.00

Received Amount in Words : Zero Only

KARTHIK C
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	CHE-1223-PA-0004313	122,451.00