

IN PATIENT SUMMARY BILL

UHID	: MMH202372506	Bill No	: MMH/MH/IP202400013
IP No	: IP2023002811	Bill Date	: 02/01/2024
Patient name	: Master.MAHASVIN S S	DOA	: 27/12/2023 10:38AM
Age	: 10 Y 8 M 12 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: UNITED INDIA LTD
			: INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	LABORATORY	₹ 4,435.00
5	NURSING CHARGE	₹ 1,875.00
6	OTHER ADDITION	₹ 17,479.00
7	PHARMACY CHARGE	₹ 5,465.00
8	PROFESSIONAL TEAM FEES	₹ 9,350.00
9	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 55,479.00
Sanction Amount		₹ 54,489.00
Net Payable		₹ 55,479.00
Advance Amount		₹ 990.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Hundred Ninety Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00560	CARD	Advance Amount	990.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0004119	54,489.00