

IN PATIENT SUMMARY BILL

UHID	: MMH202372580	Bill No	: MMH/MH/IP202400023
IP No	: IP2023002835	Bill Date	: 03/01/2024
Patient name	: Mrs.KANCHANA N	DOA	: 29/12/2023 11:53AM
Age	: 40 Y 8 M 25 D/Female	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	₹ 11,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 34,794.00
5	NURSING CHARGE	₹ 3,000.00
6	OTHER ADDITION	₹ 23,720.00
7	PHARMACY CHARGE	₹ 11,657.00
8	PROFESSIONAL TEAM FEES	₹ 14,300.00
9	RADIOLOGY	₹ 3,540.00
Gross Amount		₹ 105,161.00
Sanction Amount		₹ 103,982.00
Net Payable		₹ 105,161.00
Advance Amount		₹ 1,179.00
Received Amount		₹ 0.00

Received Amount in Words : One Thousand One Hundred Seventy-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	1,179.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0124-PA-0000133	103,982.00