

IN PATIENT SUMMARY BILL

UHID	: MMH202372616	Bill No	: MMH/MH/IP202400024
IP No	: IP2023002827	Bill Date	: 03/01/2024
Patient name	: Mr.SATHISH KUMAR S	DOA	: 28/12/2023 4:51PM
Age	: 40 Y 7 M 11 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	₹ 14,850.00
3	DIET CHARGES	₹ 200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
5	EQUIPMENT	₹ 150.00
6	LABORATORY	₹ 31,655.00
7	NURSING CHARGE	₹ 3,750.00
8	OTHER ADDITION	₹ 24,610.00
9	PHARMACY CHARGE	₹ 16,714.00
10	PROFESSIONAL TEAM FEES	₹ 14,300.00
11	RADIOLOGY	₹ 3,000.00
12	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 115,079.00
Sanction Amount		₹ 112,306.00
Net Payable		₹ 115,079.00
Received Amount		₹ 2,773.00

Received Amount in Words : Two Thousand Seven Hundred Seventy-Three Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/REDH2024002	CHEQUE	Collected Amount	2,773.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0004301	112,306.00