

IN PATIENT SUMMARY BILL

UHID : MHI202381565
IP No : IPH2023002634
Patient name : Mr.VIMAL CHAND
Age : 60 Y 7 M 14 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH00661
Bill Date : 31/12/2023
DOA : 29/12/2023 2:49PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : INSURANCE CO LTD
INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 9,900.00
3	CARDIOLOGY PACKAGE-HEART	₹ 18,000.00
4	DIET CHARGES	₹ 1,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 7,309.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 800.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 12,470.00
12	PROFESSIONAL FEES	₹ 5,156.00

Gross Amount	₹ 57,685.00
Sanction Amount	₹ 38,366.00
Net Payable	₹ 57,685.00
Advance Amount	₹ 20,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 681.00

Received Amount in Words : Twenty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/HM/RECAP00737	CASH	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-1223-PA-0004146	38,366.00