

IN PATIENT SUMMARY BILL

UHID	: MHI202481823	Bill No	: MMH/HM/IPH202400169
IP No	: IPH2024000121	Bill Date	: 25/01/2024
Patient name	: Mrs.NITHIYA KALYANI.M	DOA	: 15/1/2024 8:21PM
Age	: 52 Y 0 M 18 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.K.JAISHANKAR	TPA	: UNITED INDIA INSURANCE CO LTD
			INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 900.00
2	BED CHARGES	₹ 49,650.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 9,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,400.00
6	EQUIPMENT	₹ 12,725.00
7	GENERAL PROCEDURE	₹ 1,558.00
8	INTENSIVIST CHARGES	₹ 2,875.00
9	LABORATORY	₹ 19,255.00
10	NURSING CHARGE	₹ 9,660.00
11	OP REGISTRATION	₹ 150.00
12	OPERATION THEATRE CHARGES	₹ 7,080.00
13	OTHERS	₹ 500.00
14	PHARMACY CHARGE	₹ 34,621.00
15	PROFESSIONAL TEAM FEES	₹ 81,000.00
16	RADIOLOGY	₹ 12,220.00
17	ULTRASOUND	₹ 2,300.00
Gross Amount		₹ 255,194.00
Sanction Amount		₹ 244,827.00
Net Payable		₹ 255,194.00
Advance Amount		₹ 10,367.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Three Hundred Sixty-Seven Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	10,367.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0124-PA-0002108	244,827.00