

IN PATIENT SUMMARY BILL

UHID : MMH202473205

IP No : IP2024000165

Patient name : Mr.ULAGANATHAN N N

Age : 70 Y 9 M 22 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202400187

Bill Date : 27/01/2024

DOA : 23/1/2024 12:07PM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA

TPA : UNITED INDIA INSURANCE CO LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 11,133.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 14,550.00
9	PHARMACY CHARGE	₹ 18,887.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 18,150.00
12	RADIOLOGY	₹ 22,944.00
Gross Amount		₹ 114,214.00
Sanction Amount		₹ 113,864.00
Net Payable		₹ 114,214.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,650.00

Received Amount in Words : Three Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/01/2024	MMH/MH/RECH2024002!	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	231400314510	113,864.00