

IN PATIENT SUMMARY BILL

UHID	:	MMH202473205	Bill No	:	MMH/MH/IP202400187
IP No	:	IP2024000165	Bill Date	:	27/01/2024
Patient name	:	Mr.ULAGANATHAN N N	DOA	:	23/1/2024 12:07PM
Age	:	70 Y 9 M 22 D/Male	DOD	:	
Consultant Name	:	Dr.ARUN KUMAR.I	Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA
			TPA	:	HESALTAN INSURANCE TPA 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