

IN PATIENT SUMMARY BILL

UHID	: MMH202473551	Bill No	: MMH/MH/IP202400487
IP No	: IP2024000469	Bill Date	: 05/03/2024
Patient name	: Mr.BALASUBRAMANIAN M	DOA	: 1/3/2024 9:32AM
Age	: 71 Y 0 M 3 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: PARARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 600.00
5	LABORATORY	₹ 692.00
6	NURSING CHARGE	₹ 800.00
7	OTHER ADDITION	₹ 4,608.00
8	PHARMACY CHARGE	₹ 41,543.00
9	PROFESSIONAL TEAM FEES	₹ 7,700.00
Gross Amount		₹ 61,243.00
Sanction Amount		₹ 57,555.00
Net Payable		₹ 61,243.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,312.00

Received Amount in Words : Five Thousand Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/03/2024	MMH/MH/RECH2024007	CASH	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	6605579	57,555.00