

IN PATIENT SUMMARY BILL

UHID	: MMH202473670	Bill No	: MMH/MH/IP202401273
IP No	: IP2024001234	Bill Date	: 15/06/2024
Patient name	: Mr.SIVALINGAM N	DOA	: 2/6/2024 2:00AM
Age	: 72 Y 4 M 9 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 60,800.00
3	DIET CHARGES	₹ 5,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 9,000.00
5	EQUIPMENT	₹ 27,500.00
6	GENERAL PROCEDURE	₹ 8,200.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 52,707.00
9	NURSING CHARGE	₹ 14,400.00
10	OTHER ADDITION	₹ 42,090.00
11	PHARMACY CHARGE	₹ 122,839.00
12	PHYSIOTHERAPY	₹ 15,000.00
13	PROFESSIONAL TEAM FEES	₹ 31,900.00
14	RADIOLOGY	₹ 62,210.00
Gross Amount		₹ 464,496.00
Sanction Amount		₹ 459,496.00
Net Payable		₹ 464,496.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 25,000.00

Received Amount in Words : Thirty Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/2/2024	MMH/MH/RECH202402032	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	24110007054	459,496.00