

IN PATIENT SUMMARY BILL

UHID : MHI202482560

IP No : IPH2024000746

Patient name : Mrs.THANAMMAL MATHAMMAL

Age : 65 Y 0 M 29 D/Female

Consultant Name : Dr.CECILY MARY MAJELLA

Bill No : MMH/HM/IPH202400738

Bill Date : 01/04/2024

DOA : 29/3/2024 10:32AM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO

TPA : MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 12,450.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	IMPLANT	₹ 61,323.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 4,810.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 23,013.00
14	PROFESSIONAL TEAM FEES	₹ 81,899.00
15	RADIOLOGY	₹ 960.00

Gross Amount	₹ 196,105.00
Sanction Amount	₹ 105,000.00
Net Payable	₹ 196,105.00
Advance Amount	₹ 100,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 8,895.00

Received Amount in Words : One Lakh Zero Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	37222380	105,000.00