

IN PATIENT SUMMARY BILL

UHID	:	MHI202482665	Bill No	:	MMH/HM/IPH202400490
IP No	:	IPH2024000491	Bill Date	:	04/03/2024
Patient name	:	Mrs.ANDAL BALARAMAN	DOA	:	2/3/2024 11:09AM
Age	:	69 Y 5 M 3 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO
Consultant Name	:	Dr.G. GNANAVELU	TPA	:	MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,223.00
2	PHARMACY CHARGE	₹ 5,277.00
Gross Amount		₹ 13,500.00
Sanction Amount		₹ 10,800.00
Net Payable		₹ 13,500.00
Advance Amount		₹ 2,700.00
Received Amount		₹ 0.00

Received Amount in Words : Two Thousand Seven Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/03/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	2,700.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	36859636	10,800.00