

IN PATIENT SUMMARY BILL

UHID : MHI202482806
IP No : IPH2024000567
Patient name : Mr.GOVARDHAN SJ
Age : 37 Y 9 M 8 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400568
Bill Date : 13/03/2024
DOA : 9/3/2024 5:10PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA INSURANCE CO
TPA : PARAMOUNT TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 17,400.00
3	DIET CHARGES	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 6,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 3,982.50
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 17,397.00
13	PROFESSIONAL TEAM FEES	₹ 20,747.50
14	RADIOLOGY	₹ 5,800.00
Gross Amount		₹ 85,177.00
Sanction Amount		₹ 70,423.00
Net Payable		₹ 85,177.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 15,246.00

Received Amount in Words : Thirty Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/03/2024	MMH/HM/RECAP2024006	UPI	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	6621422	70,423.00