

IN PATIENT SUMMARY BILL

UHID	: MMH202475950	Bill No	: MMH/MH/IP202400897
IP No	: IP2024000906	Bill Date	: 25/04/2024
Patient name	: Mr.GIRI SHANKAR D	DOA	: 19/4/2024 9:32AM
Age	: 42 Y 11 M 8 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.SRI VAMSI KRISHNA	TPA	: KANISHA TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 9,300.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 2,059.00
9	NURSING CHARGE	₹ 2,800.00
10	OPERATION THEATRE CHARGES	₹ 10,850.00
11	OTHER ADDITION	₹ 10,739.00
12	PHARMACY CHARGE	₹ 53,727.00
13	PROFESSIONAL TEAM FEES	₹ 126,500.00
Gross Amount		₹ 231,275.00
Sanction Amount		₹ 230,275.00
Net Payable		₹ 231,275.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,000.00

Received Amount in Words : Five Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	121118932	230,275.00