

IN PATIENT SUMMARY BILL

UHID	: MMH202476050	Bill No	: MMH/MH/IP202400914
IP No	: IP2024000935	Bill Date	: 28/04/2024
Patient name	: Mrs.THILAGAVATHI	DOA	: 23/4/2024 6:34PM
Age	: 41 Y 11 M 10 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.DURAI RAVI	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 8,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 173.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 9,850.00
10	OTHER ADDITION	₹ 88,117.00
11	PHARMACY CHARGE	₹ 76,918.00
12	PROFESSIONAL TEAM FEES	₹ 34,100.00
13	RADIOLOGY	₹ 480.00
Gross Amount		₹ 231,688.00
Sanction Amount		₹ 173,169.00
Net Payable		₹ 231,688.00
Advance Amount		₹ 58,519.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty-Eight Thousand Five Hundred Nineteen Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/04/2024	MMH/MH/RECH20240149	CARD	Advance Amount	58,519.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0424-PA-0002663	173,169.00