

IN PATIENT SUMMARY BILL

UHID	: MMH202476083	Bill No	: MMH/MH/IP202400896
IP No	: IP2024000936	Bill Date	: 25/04/2024
Patient name	: Master.PRAJHAN B	DOA	: 23/4/2024 7:27PM
Age	: 6 Y 8 M 2 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: UNITED INDIA HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	GENERAL PROCEDURE	₹ 1,000.00
6	NURSING CHARGE	₹ 800.00
7	OTHER ADDITION	₹ 100.00
8	PHARMACY CHARGE	₹ 3,758.00
9	PROFESSIONAL TEAM FEES	₹ 4,400.00
10	RADIOLOGY	₹ 576.00
Gross Amount		₹ 17,184.00
Sanction Amount		₹ 10,404.00
Net Payable		₹ 17,184.00
Advance Amount		₹ 6,003.00
Received Amount		₹ 777.00

Received Amount in Words : Six Thousand Seven Hundred Eighty Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	6,003.00
2	25/04/2024	MMH/MH/REDH2024087	CHEQUE	Collected Amount	777.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	24042401797	10,404.00