

IN PATIENT SUMMARY BILL

UHID	: MMH202476459	Bill No	: MMH/MH/IP202401032
IP No	: IP2024001025	Bill Date	: 12/05/2024
Patient name	: Mrs.VANDHANA JAIN	DOA	: 3/5/2024 9:30PM
Age	: 36 Y 0 M 0 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.SUPRAJA K	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	BLOOD COMPONENTS	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 4,450.00
6	LABORATORY	₹ 55,030.00
7	NURSING CHARGE	₹ 4,800.00
8	OTHER ADDITION	₹ 22,907.00
9	PHARMACY CHARGE	₹ 33,984.00
10	PROFESSIONAL TEAM FEES	₹ 15,400.00
11	RADIOLOGY	₹ 17,300.00
Gross Amount		₹ 192,621.00
Sanction Amount		₹ 191,342.00
Net Payable		₹ 192,621.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 1,887.00
Refund Amount		₹ 30,608.00

Received Amount in Words : Thirty-One Thousand Eight Hundred
Eighty-Seven Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	30,000.00
2	12/05/2024	MMH/MH/REDH2024100	CHEQUE	Collected Amount	1,887.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0524-PA-0000584	191,342.00