

IN PATIENT SUMMARY BILL

UHID	: MMH202477167	Bill No	: MMH/MH/IP202401789
IP No	: IP2024001834	Bill Date	: 20/08/2024
Patient name	: Mrs.JOYLIN ZEFFORA	DOA	: 16/8/2024 7:11PM
Age	: 35 Y 5 M 14 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 41,211.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 6,415.00
9	PHARMACY CHARGE	₹ 8,380.00
10	PROFESSIONAL TEAM FEES	₹ 9,350.00
11	RADIOLOGY	₹ 7,080.00
Gross Amount		₹ 95,486.00
Sanction Amount		₹ 91,805.00
Net Payable		₹ 95,486.00
Advance Amount		₹ 3,681.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Six Hundred Eighty-One Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/16/2024	MMH/MH/RECH202403161	UPI	Advance Amount	3,000.00
2	8/19/2024	MMH/MH/RECH202403196	UPI	Advance Amount	681.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	BLR-0824-PA-0006020	91,805.00