

IN PATIENT SUMMARY BILL

UHID : MMH202477342

IP No : IP2024001212

Patient name : Mr.SRIPATHI K

Age : 66 Y 0 M 13 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401201

Bill Date : 05/06/2024

DOA : 29/5/2024 10:22AM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO

TPA : MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,650.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 3,000.00
6	INTENSIVIST CHARGES	₹ 7,500.00
7	LABORATORY	₹ 19,227.00
8	NURSING CHARGE	₹ 8,600.00
9	OTHER ADDITION	₹ 17,397.00
10	PHARMACY CHARGE	₹ 24,763.00
11	PHYSIOTHERAPY	₹ 5,800.00
12	PROFESSIONAL TEAM FEES	₹ 14,300.00
13	RADIOLOGY	₹ 56,060.00
Gross Amount		₹ 201,522.00
Sanction Amount		₹ 187,995.00
Net Payable		₹ 201,522.00
Advance Amount		₹ 13,527.00
Received Amount		₹ 1,025.00
Refund Amount		₹ 1,025.00

Received Amount in Words : Fourteen Thousand Five Hundred Fifty-Two Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	10,000.00
2	04/06/2024	MMH/MH/RECH2024020	CARD	Advance Amount	3,527.00
3	05/06/2024	MMH/MH/REDH2024120	CHEQUE	Collected Amount	1,025.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	38152567	187,995.00