IN PATIENT SUMMARY BILL

UHID : MMH202477530 Bill No : MMH/MH/IP202401243

: IP2024001253 : 11/06/2024 IP No Bill Date Patient name : Mr.RAJA SETHI S : 3/6/2024 6:58PM DOA

DOD : 21 Y 1 M 10 D/Male Age

: Insurance Entity Type

: ROYAL SUNDARAM INSURANCE Entity Name

: VIDAL HEALTH INSURANCE TPA Consultant Name : Dr.T.PALANIAPPAN TPA

PRIVATE LTD

| Amount | | | Description | S.No |
|------------|---|---------------------|-----------------------------|------|
| 350.00 | ₹ | | ADMINISTRATION CHARGES | 1 |
| 13,750.00 | ₹ | | BED CHARGES | 2 |
| 4,450.00 | ₹ | | DIET CHARGES | 3 |
| 3,750.00 | ₹ | | DUTY MEDICAL OFFICER CHARGE | 4 |
| 2,400.00 | ₹ | | EQUIPMENT | 5 |
| 39,613.00 | ₹ | | LABORATORY | 6 |
| 380.00 | ₹ | | MISCELLANEOUS | 7 |
| 4,000.00 | ₹ | | NURSING CHARGE | 8 |
| 37,554.00 | ₹ | | OTHER ADDITION | 9 |
| 45,737.00 | ₹ | | PHARMACY CHARGE | 10 |
| 15,700.00 | ₹ | | PROFESSIONAL TEAM FEES | 11 |
| 2,880.00 | ₹ | | RADIOLOGY | 12 |
| 170,564.00 | ₹ | Gross Amount | | |
| 117,056.00 | ₹ | Sanction Amount | | |
| 170,564.00 | ₹ | Net Pavable | | |

Net Payable ₹ **Received Amount** 0.00₹ 53,508.00 **Amount Payable**

Received Amount in Words : Zero Only SATHISH KUMAR.S **Authorised Signature**

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------|---------------------|-----------------|
| ROYAL SUNDARAM INSURANCE | CHE-0624-pa-0000471 | 117,056.00 |