

IN PATIENT SUMMARY BILL

UHID	:	MMH202478128	Bill No	:	MMH/MH/IP202401285
IP No	:	IP2024001338	Bill Date	:	17/06/2024
Patient name	:	Mrs.JAYANTH.LG	DOA	:	15/6/2024 4:45PM
Age	:	56 Y 0 M 2 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.GOWRI SHANKAR.M	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 1,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,333.00
8	NURSING CHARGE	₹ 800.00
9	OPERATION THEATRE CHARGES	₹ 9,700.00
10	OTHER ADDITION	₹ 1,046.00
11	PHARMACY CHARGE	₹ 11,521.00
12	PROFESSIONAL TEAM FEES	₹ 15,000.00
Gross Amount		₹ 48,400.00
Sanction Amount		₹ 38,720.00
Net Payable		₹ 48,400.00
Advance Amount		₹ 9,680.00
Received Amount		₹ 0.00

Received Amount in Words : Nine Thousand Six Hundred Eighty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/16/2024	MMH/MH/RECH202402205	CASH	Advance Amount	9,680.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	122362705	38,720.00