

IN PATIENT SUMMARY BILL

UHID	:	MMH202478456	Bill No	:	MMH/MH/IP202401406
IP No	:	IP2024001410	Bill Date	:	30/06/2024
Patient name	:	Mr.SARAVANAN.P	DOA	:	24/6/2024 8:00AM
Age	:	28 Y 2 M 14 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.SUBRAMANIYAM	TPA	:	FHPL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,430.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 5,350.00
9	OTHER ADDITION	₹ 2,900.00
10	PHARMACY CHARGE	₹ 6,490.00
11	PROFESSIONAL TEAM FEES	₹ 30,800.00
Gross Amount		₹ 55,970.00
Sanction Amount		₹ 52,925.00
Net Payable		₹ 55,970.00
Advance Amount		₹ 3,045.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Forty-Five Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/24/2024	MMH/MH/RECH202402332	UPI	Advance Amount	3,000.00
2	6/25/2024	MMH/MH/RECH202402351	CASH	Advance Amount	45.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	24061901099	52,925.00