

IN PATIENT SUMMARY BILL

UHID	:	MMH202478746	Bill No	:	MMH/MH/IP202401434
IP No	:	IP2024001464	Bill Date	:	03/07/2024
Patient name	:	Mrs.RAJESWARI S	DOA	:	30/6/2024 6:54PM
Age	:	45 Y 1 M 23 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.VIJAYAKRISHNAN B	TPA	:	VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 10,586.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 3,500.00
9	OTHER ADDITION	₹ 14,375.00
10	PHARMACY CHARGE	₹ 7,876.00
11	PROFESSIONAL TEAM FEES	₹ 10,450.00
12	RADIOLOGY	₹ 4,764.00
Gross Amount		₹ 61,701.00
Sanction Amount		₹ 56,336.00
Net Payable		₹ 61,701.00
Advance Amount		₹ 5,365.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Three Hundred Sixty-Five Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/2/2024	MMH/MH/RECH202402474	UPI	Advance Amount	5,365.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0724-PA-0000232	56,336.00