

IN PATIENT SUMMARY BILL

UHID	: MMH202479155	Bill No	: MMH/MH/IP202401553
IP No	: IP2024001558	Bill Date	: 20/07/2024
Patient name	: Mr.KATHIRVEL M	DOA	: 11/7/2024 1:17PM
Age	: 68 Y 0 M 9 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 46,750.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 4,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 6,850.00
7	GENERAL PROCEDURE	₹ 2,350.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 16,500.00
10	LABORATORY	₹ 45,856.00
11	NURSING CHARGE	₹ 12,600.00
12	OPERATION THEATRE CHARGES	₹ 7,000.00
13	OTHER ADDITION	₹ 59,365.00
14	PHARMACY CHARGE	₹ 38,643.00
15	PHYSIOTHERAPY	₹ 2,800.00
16	PROFESSIONAL TEAM FEES	₹ 36,850.00
17	RADIOLOGY	₹ 17,000.00
Gross Amount		₹ 301,664.00
Sanction Amount		₹ 285,664.00
Net Payable		₹ 301,664.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402727	UPI	Advance Amount	10,000.00
2	7/18/2024	MMH/MH/RECH202402728	CARD	Advance Amount	6,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0724-PA-0001677	285,664.00