

IN PATIENT SUMMARY BILL

UHID	:	MMH202479247	Bill No	:	MMH/MH/IP202401588
IP No	:	IP2024001579	Bill Date	:	24/07/2024
Patient name	:	Mrs.AMBIKA VENKATESAN	DOA	:	13/7/2024 5:30PM
Age	:	52 Y 4 M 14 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.VIJAY ALAGAPPAN S	TPA	:	RAKSHA TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 71,500.00
3	DIET CHARGES	₹ 12,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
5	GENERAL PROCEDURE	₹ 900.00
6	LABORATORY	₹ 11,582.00
7	NURSING CHARGE	₹ 8,000.00
8	OPERATION THEATRE CHARGES	₹ 5,000.00
9	OTHER ADDITION	₹ 10,969.00
10	PHARMACY CHARGE	₹ 38,716.00
11	PROFESSIONAL TEAM FEES	₹ 51,700.00
Tax Amount :		3,575.00
Gross Amount		₹ 222,342.00
Sanction Amount		₹ 197,123.00
Net Payable		₹ 222,342.00
Advance Amount		₹ 25,219.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Five Thousand Two Hundred Nineteen Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/13/2024	MMH/MH/RECH202402639	CARD	Advance Amount	5,000.00
2	7/23/2024	MMH/MH/RECH202402806	CARD	Advance Amount	20,219.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	123055606	197,123.00