

IN PATIENT SUMMARY BILL

UHID	: MMH202479854	Bill No	: MMH/MH/IP202401630
IP No	: IP2024001676	Bill Date	: 29/07/2024
Patient name	: Ms.MAHALAKSHMI T S	DOA	: 26/7/2024 11:05AM
Age	: 14 Y 8 M 6 D/Female	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	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 8,611.00
5	NURSING CHARGE	₹ 1,200.00
6	OTHER ADDITION	₹ 2,573.00
7	PHARMACY CHARGE	₹ 2,387.00
8	PROFESSIONAL TEAM FEES	₹ 7,150.00
9	RADIOLOGY	₹ 15,680.00
Gross Amount		₹ 45,376.00
Sanction Amount		₹ 38,446.00
Net Payable		₹ 45,376.00
Advance Amount		₹ 6,930.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Nine Hundred Thirty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/27/2024	MMH/MH/RECH202402865	CARD	Advance Amount	6,930.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	BLR-0724-PA-009622	38,446.00