

IN PATIENT SUMMARY BILL

UHID	:	MMH202480762	Bill No	:	MMH/MH/IP202401827
IP No	:	IP2024001891	Bill Date	:	25/08/2024
Patient name	:	Mr.PARTHIBAN B	DOA	:	23/8/2024 10:18AM
Age	:	62 Y 2 M 29 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.VIGNESH .M	TPA	:	RAKSHA TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 8,000.00
6	GENERAL PROCEEDURE	₹ 450.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 2,506.00
9	NURSING CHARGE	₹ 1,200.00
10	OPERATION THEATRE CHARGES	₹ 10,700.00
11	OTHER ADDITION	₹ 3,059.00
12	PHARMACY CHARGE	₹ 15,940.00
13	PROFESSIONAL TEAM FEES	₹ 51,000.00
Gross Amount		₹ 101,330.00
Sanction Amount		₹ 76,800.00
Net Payable		₹ 101,330.00
Advance Amount		₹ 24,530.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Four Thousand Five Hundred Thirty Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/RECH202403254	CASH	Advance Amount	10,000.00
2	8/24/2024	MMH/MH/RECH202403273	CASH	Advance Amount	14,530.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	123941859	76,800.00