

IN PATIENT SUMMARY BILL

UHID	:	MMH202480886	Bill No	:	MMH/MH/IP202401868
IP No	:	IP2024001911	Bill Date	:	30/08/2024
Patient name	:	Mrs.SUDHA LAKSHMI N	DOA	:	27/8/2024 11:55AM
Age	:	40 Y 2 M 17 D/Female	DOD	:	
			Entity Type	:	Insurance
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Name	:	UNITED INDIA INSURANCE CO LTD
			TPA	:	VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	INVESTIGATIONS	₹ 2,000.00
6	LABORATORY	₹ 13,069.00
7	NURSING CHARGE	₹ 2,000.00
8	OTHER ADDITION	₹ 14,474.00
9	PHARMACY CHARGE	₹ 18,731.00
10	PROFESSIONAL TEAM FEES	₹ 8,250.00
11	RADIOLOGY	₹ 10,928.00
		₹ 84,177.00
		₹ 79,177.00
		₹ 84,177.00
		₹ 5,000.00
		₹ 0.00

Received Amount in Words : Five Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/RECH202403340	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0824-PA-0003189	79,177.00