

IN PATIENT SUMMARY BILL

| | | | |
|-----------------|-------------------------|-------------|---|
| UHID | : MHP202401134 | Bill No | : MMH/MH/IP202401935 |
| IP No | : IP2024001987 | Bill Date | : 09/09/2024 |
| Patient name | : Mrs.C.FANNY REGABETH | DOA | : 6/9/2024 12:06PM |
| Age | : 46 Y 11 M 11 D/Female | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : UNITED INDIA INSURANCE CO LTD |
| Consultant Name | : Dr.SUPRAJA K | TPA | : VIDAL HEALTH INSURANCE TPA PRIVATE LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 14,700.00 |
| 3 | DIET CHARGES | ₹ 2,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,625.00 |
| 5 | EQUIPMENT | ₹ 3,000.00 |
| 6 | LABORATORY | ₹ 7,848.00 |
| 7 | NURSING CHARGE | ₹ 2,800.00 |
| 8 | OTHER ADDITION | ₹ 3,009.00 |
| 9 | PHARMACY CHARGE | ₹ 5,781.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 3,300.00 |
| Gross Amount | | ₹ 45,413.00 |
| Sanction Amount | | ₹ 42,339.00 |
| Net Payable | | ₹ 45,413.00 |
| Advance Amount | | ₹ 3,074.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Three Thousand Seventy-Four Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 9/6/2024 | MMH/MH/RECH202403449 | UPI | Advance Amount | 3,000.00 |
| 2 | 9/9/2024 | MMH/MH/RECH202403486 | UPI | Advance Amount | 74.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|---------------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | CHE-0924-PA-0000795 | 42,339.00 |