

IN PATIENT SUMMARY BILL

UHID	:	MMH202473489	Bill No	:	MMH/MH/IP202401894
IP No	:	IP2024001802	Bill Date	:	03/09/2024
Patient name	:	Mrs.THAVAMANI R	DOA	:	12/8/2024 7:06PM
Age	:	81 Y 7 M 30 D/Female	DOD	:	
Consultant Name	:	Dr.T.PALANIAPPAN	Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
			TPA	:	MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 400.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	PHARMACY CHARGE	₹ 5,972.00
8	PROFESSIONAL TEAM FEES	₹ 15,400.00
9	RADIOLOGY	₹ 19,200.00
		₹ 50,622.00
		₹ 30,000.00
		₹ 3,622.00
		₹ 47,000.00
		₹ 17,000.00
		₹ 0.00

Received Amount in Words : Seventeen Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/20/2024	MMH/MH/RECH202403213	CARD	Advance Amount	17,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI0063428	30,000.00