

IN PATIENT SUMMARY BILL

UHID	:	MMH202480907	Bill No	:	MMH/MH/IP202402174
IP No	:	IP2024001952	Bill Date	:	10/10/2024
Patient name	:	Mr.NANDHA KUMAR	DOA	:	2/9/2024 9:25AM
Age	:	34 Y 0 M 21 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.ARUN KUMAR.I	TPA	:	VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 7,500.00
6	LABORATORY	₹ 173.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 7,850.00
9	PHARMACY CHARGE	₹ 41,945.00
10	PHYSIOTHERAPY	₹ 700.00
11	PROCEDURE CHARGES	₹ 900.00
12	PROFESSIONAL TEAM FEES	₹ 48,000.00
Gross Amount		₹ 112,218.00
Sanction Amount		₹ 106,883.00
Discount Amount		₹ 2,335.00
Net Payable		₹ 109,883.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/2/2024	MMH/MH/RECH202403385	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	FBD-0824-PA-0000278	106,883.00