

IN PATIENT SUMMARY BILL

UHID	: MH04316	Bill No	: MMH/MH/IP202402098
IP No	: IP2024002138	Bill Date	: 30/09/2024
Patient name	: Mr.FRANCIS.S	DOA	: 24/9/2024 8:07PM
Age	: 69 Y 8 M 29 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.SUPRAJA K		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 34,050.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 47,200.00
6	INJECTION CHARGES	₹ 4,000.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 66,372.00
9	NURSING CHARGE	₹ 8,400.00
10	OTHER ADDITION	₹ 37,835.00
11	PHARMACY CHARGE	₹ 65,396.00
12	PHYSIOTHERAPY	₹ 2,800.00
13	PROCEDURE CHARGES	₹ 3,500.00
14	PROFESSIONAL TEAM FEES	₹ 32,450.00
15	RADIOLOGY	₹ 33,710.00
Gross Amount		₹ 349,813.00
Sanction Amount		₹ 132,800.00
Net Payable		₹ 349,813.00
Advance Amount		₹ 184,920.00
Received Amount		₹ 32,093.00

Received Amount in Words : Two Lakh Seventeen Thousand Thirteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MH/REDH202421500	CHEQUE	Collected Amount	32,093.00
2	9/24/2024	MMH/MH/RECH202403739	CARD	Advance Amount	10,000.00
3	9/30/2024	MMH/MH/RECH202403832	CARD	Advance Amount	44,920.00
4	9/30/2024	MMH/MH/RECH202403833	CARD	Advance Amount	130,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI15-0000031542	132,800.00