

IN PATIENT SUMMARY BILL

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| UHID | : MH10912 | Bill No | : MMH/MH/IP202402206 |
| IP No | : IP2024002227 | Bill Date | : 14/10/2024 |
| Patient name | : Mr.DAVID.T | DOA | : 7/10/2024 2:53PM |
| Age | : 63 Y 0 M 7 D/Male | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : UNITED INDIA INSURANCE CO LTD |
| Consultant Name | : Dr.T.PALANIAPPAN | | |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 3,300.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,250.00 |
| 4 | EQUIPMENT | ₹ 23,500.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 11,879.00 |
| 7 | NURSING CHARGE | ₹ 2,400.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 10,700.00 |
| 9 | OTHER ADDITION | ₹ 200.00 |
| 10 | PHARMACY CHARGE | ₹ 26,796.00 |
| 11 | PROCEDURE CHARGES | ₹ 1,500.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 22,500.00 |
| 13 | RADIOLOGY | ₹ 480.00 |
| Gross Amount | | ₹ 106,055.00 |
| Sanction Amount | | ₹ 21,840.00 |
| Discount Amount | | ₹ 10,000.00 |
| Net Payable | | ₹ 96,055.00 |
| Advance Amount | | ₹ 74,215.00 |
| Received Amount | | ₹ 0.00 |

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| Received Amount in Words | : Seventy-Four Thousand Two Hundred Fifteen Only | SATHISH KUMAR.S |
| | | Authorised Signature |

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 10/7/2024 | MMH/MH/RECH202403936 | UPI | Advance Amount | 8,000.00 |
| 2 | 10/10/2024 | MMH/MH/RECH202403989 | CARD | Advance Amount | 24,215.00 |
| 3 | 10/7/2024 | MMH/MH/RECH202403935 | CASH | Advance Amount | 2,000.00 |
| 4 | 10/10/2024 | MMH/MH/RECH202403988 | CASH | Advance Amount | 40,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MD15111807 | 21,840.00 |