

IN PATIENT SUMMARY BILL

UHID	: MH34799	Bill No	: MMH/MH/IP202401585
IP No	: IP2024001491	Bill Date	: 24/07/2024
Patient name	: Mr.GOWTHAMAN	DOA	: 4/7/2024 1:00PM
Age	: 55 Y 1 M 29 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 2,600.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 18,191.00
9	NURSING CHARGE	₹ 800.00
10	OPERATION THEATRE CHARGES	₹ 7,000.00
11	OTHER ADDITION	₹ 14,710.00
12	PHARMACY CHARGE	₹ 13,833.00
13	PROFESSIONAL TEAM FEES	₹ 18,000.00
14	RADIOLOGY	₹ 2,480.00
Gross Amount		₹ 85,114.00
Sanction Amount		₹ 27,300.00
Discount Amount		₹ 15,000.00
Net Payable		₹ 70,114.00
Received Amount		₹ 0.00
Amount Payable		₹ 42,814.00

Remarks : Virugambakkam AC as per Dr.Palaniyappan sir instruction 15000
Discount given Remaining keep in credit

Received Amount in Words : SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD18139321	27,300.00