

IN PATIENT SUMMARY BILL

UHID : MH35956

IP No : IP2024000705

Patient name : Mr.CHOCKALINGAM R

Age : 66 Y 9 M 29 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202400727

Bill Date : 04/04/2024

DOA : 26/3/2024 10:13AM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO

TPA : ~~SADE~~ WAY TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 42,300.00
3	BLOOD COMPONENTS	₹ 3,600.00
4	DIET CHARGES	₹ 1,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
6	EQUIPMENT	₹ 9,500.00
7	GENERAL PROCEDURE	₹ 950.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 6,000.00
10	LABORATORY	₹ 21,123.00
11	NURSING CHARGE	₹ 9,200.00
12	OPERATION THEATRE CHARGES	₹ 21,350.00
13	OTHER ADDITION	₹ 15,804.00
14	PHARMACY CHARGE	₹ 90,816.00
15	PHYSIOTHERAPY	₹ 4,400.00
16	PROFESSIONAL TEAM FEES	₹ 138,600.00
17	RADIOLOGY	₹ 3,200.00

Gross Amount	₹ 374,168.00
Sanction Amount	₹ 319,249.00
Net Payable	₹ 374,168.00
Advance Amount	₹ 54,919.00
Received Amount	₹ 0.00

Received Amount in Words : Fifty-Four Thousand Nine Hundred Nineteen Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	10,000.00
2	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	44,919.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	UN-10-61	319,249.00