

IN PATIENT SUMMARY BILL

UHID : MHI202372044
IP No : IPH202302447
Patient name : Mrs.KASIAMMAL G
Age : 78 Y 10 M 5 D/Female

Bill No : MMH/HM/IPH00520
Bill Date : 15/12/2023
DOA : 7/12/2023 1:34PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO LTD

Consultant Name : Dr.K.JAISHANKAR

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 900.00 |
| 2 | BED CHARGES | ₹ 9,000.00 |
| 3 | DIET CHARGES | ₹ 6,800.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 6,000.00 |
| 5 | GENERAL PROCEDURE | ₹ 5,643.00 |
| 6 | INJECTION CHARGES | ₹ 500.00 |
| 7 | LABORATORY | ₹ 13,048.00 |
| 8 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 9 | NURSING CHARGE | ₹ 4,800.00 |
| 10 | OP REGISTRATION | ₹ 150.00 |
| 11 | OPERATION THEATRE CHARGES | ₹ 7,500.00 |
| 12 | PHARMACY CHARGE | ₹ 17,663.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 30,000.00 |
| 14 | RADIOLOGY | ₹ 1,512.00 |

Gross Amount ₹ **103,716.00**
Sanction Amount ₹ **27,300.00**
Net Payable ₹ **103,716.00**
Advance Amount ₹ **76,416.00**
Received Amount ₹ **0.00**

Received Amount in Words : Seventy-Six Thousand Four Hundred Sixteen
Only

SANTHOSH
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 | MDI5067304 | 27,300.00 |