

IN PATIENT SUMMARY BILL

UHID	: MHI202374974	Bill No	: MMH/MH/IP202401950
IP No	: IP2024001935	Bill Date	: 12/09/2024
Patient name	: Ms.NAVAMANI SRINIVASAN	DOA	: 30/8/2024 3:14PM
Age	: 76/Female	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	₹ 42,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
5	EQUIPMENT	₹ 3,000.00
6	GENERAL PROCEEDURE	₹ 1,450.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 27,051.00
9	NURSING CHARGE	₹ 8,000.00
10	OPERATION THEATRE CHARGES	₹ 9,700.00
11	OTHER ADDITION	₹ 33,365.00
12	PHARMACY CHARGE	₹ 31,649.00
13	PHYSIOTHERAPY	₹ 600.00
14	PROFESSIONAL TEAM FEES	₹ 40,150.00
15	RADIOLOGY	₹ 8,000.00
Gross Amount		₹ 213,515.00
Sanction Amount		₹ 27,300.00
Net Payable		₹ 213,515.00
Advance Amount		₹ 167,512.00
Received Amount		₹ 18,703.00

Received Amount in Words : One Lakh Eighty-Six Thousand Two Hundred Fifteen Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/REDH202420040	CHEQUE	Collected Amount	18,703.00
2	8/30/2024	MMH/MH/RECH202403352	UPI	Advance Amount	10,000.00
3	9/10/2024	MMH/MH/RECH202403515	UPI	Advance Amount	20,000.00
4	9/9/2024	MMH/MH/RECH202403497	CASH	Advance Amount	101,412.00
5	9/10/2024	MMH/MH/RECH202403516	CASH	Advance Amount	36,100.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD-15-0000004204	27,300.00