

IN PATIENT SUMMARY BILL

UHID : MHI202377371
IP No : IPH202302499
Patient name : Mr.MURUGESAN T
Age : 59/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH00550
Bill Date : 20/12/2023
DOA : 13/12/2023 10:09PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : MSURANCE CO LTD

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 1,100.00 |
| 2 | BED CHARGES | ₹ 26,000.00 |
| 3 | BLOOD COMPONENTS | ₹ 4,200.00 |
| 4 | DIET CHARGES | ₹ 7,800.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,000.00 |
| 6 | EQUIPMENT | ₹ 2,000.00 |
| 7 | GENERAL PROCEDURE | ₹ 5,549.00 |
| 8 | INTENSIVIST CHARGES | ₹ 5,000.00 |
| 9 | INVESTIGATIONS | ₹ 250.00 |
| 10 | LABORATORY | ₹ 21,112.00 |
| 11 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 12 | NURSING CHARGE | ₹ 8,000.00 |
| 13 | OP REGISTRATION | ₹ 150.00 |
| 14 | PHARMACY CHARGE | ₹ 16,837.00 |
| 15 | PROFESSIONAL TEAM FEES | ₹ 20,000.00 |
| 16 | RADIOLOGY | ₹ 4,440.00 |
| Gross Amount | | ₹ 126,638.00 |
| Sanction Amount | | ₹ 41,200.00 |
| Net Payable | | ₹ 126,638.00 |
| Advance Amount | | ₹ 85,438.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Eighty-Five Thousand Four Hundred
Thirty-Eight Only

SANTHOSH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|-------------------|--------------|----------------|-----------------|
| 1 | 13/12/2023 | MMH/HM/RECAP00544 | CARD | Advance Amount | 30,000.00 |
| 2 | 19/12/2023 | MMH/HM/RECAP00590 | CARD | Advance Amount | 55,438.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MDI8109925 | 41,200.00 |