IN PATIENT SUMMARY BILL

UHID	:	MHI202379025	Bill No	:	MMH/HM/IPH202400164
IP No	:	IPH2024000133	Bill Date	:	25/01/2024
Patient name	:	Mr.VIKNESH A	DOA	:	18/1/2024 9:32AM
Age	:	33/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,100.00
2	BED CHARGES	₹	15,750.00
3	BLOOD COMPONENTS	₹	500.00
4	CARDIOLOGY PACKAGE-HEART	₹	20,081.00
5	DIET CHARGES	₹	5,200.00
6	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
7	EQUIPMENT	₹	12,000.00
8	GENERAL PROCEDURE	₹	500.00
9	IMPLANT	₹	570,568.00
10	INTENSIVIST CHARGES	₹	2,500.00
11	INVESTIGATIONS	₹	1,750.00
12	LABORATORY	₹	3,905.00
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	4,400.00
15	OP REGISTRATION	₹	150.00
16	OPERATION THEATRE CHARGES	₹	500.00
17	PHARMACY CHARGE	₹	49,591.00
18	PHYSIOTHERAPY	₹	4,200.00
19	PROFESSIONAL TEAM FEES	₹	70,000.00
20	RADIOLOGY	₹	792.00

Gross Amount	₹	**766,087.00**
Sanction Amount	₹	**719,552.00**
Net Payable	₹	**766,087.00**
Advance Amount	₹	**300,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**253,465.00**

Received Amount in Words : Three Lakh Zero Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
2	18/01/2024	MMH/HM/RECAP202400	CASH	Advance Amount	120,000.00
3	18/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	80,000.00

S.No	Description	Amount

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	6519272	719,552.00