

IN PATIENT SUMMARY BILL

UHID : MHI202380745
IP No : IPH202302322
Patient name : Mrs.VINNOLIVINNARASI
Age : 56 Y 8 M 23 D/Female

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH00414
Bill Date : 30/11/2023
DOA : 22/11/2023 11:01AM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO. LTD.

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 28,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,000.00
5	EQUIPMENT	₹ 21,145.00
6	GENERAL PROCEDURE	₹ 1,250.00
7	LABORATORY	₹ 18,590.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 8,000.00
10	OP REGISTRATION	₹ 150.00
11	OPERATION THEATRE CHARGES	₹ 25,150.00
12	PHARMACY CHARGE	₹ 91,185.00
13	PHYSIOTHERAPY	₹ 9,100.00
14	PROFESSIONAL TEAM FEES	₹ 75,000.00
15	RADIOLOGY	₹ 5,450.00
16	SURGICAL PACKAGE-HEART	₹ 3,803.00
Gross Amount		₹ 295,223.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 295,223.00
Advance Amount		₹ 178,223.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Eight Thousand Two
Hundred Twenty-Three Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-22 11:23:20.583	MMH/HM/RECAP00335	CASH	Advance Amount	130,000.00
2	2023-11-29 18:17:40.416	MMH/HM/RECAP00420	CARD	Advance Amount	48,223.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	MDI8106921	117,000.00