

### IN PATIENT SUMMARY BILL

UHID : MHI202380822  
IP No : IPH202302357  
Patient name : Mrs.PACHAIYAMMAL V  
Age : 65 Y 8 M 8 D/Female

Bill No : MMH/HM/IPH00454  
Bill Date : 06/12/2023  
DOA : 26/11/2023 10:11AM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
INSURANCE CO. LTD.

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 26,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,100.00
5	EQUIPMENT	₹ 10,500.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	LABORATORY	₹ 15,026.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 8,000.00
10	OP REGISTRATION	₹ 150.00
11	OPERATION THEATRE CHARGES	₹ 30,000.00
12	PHARMACY CHARGE	₹ 67,556.00
13	PHYSIOTHERAPY	₹ 345.00
14	PROFESSIONAL TEAM FEES	₹ 110,000.00
15	RADIOLOGY	₹ 5,050.00
16	SURGICAL PACKAGE-HEART	₹ 12,852.00
Gross Amount		₹ 295,729.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 295,729.00
Advance Amount		₹ 178,729.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Eight Thousand Seven  
Hundred Twenty-Nine Only

IYAPPAN R  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-26 10:47:08.743	MMH/HM/RECAP00372	CASH	Advance Amount	50,000.00
2	2023-11-26 10:47:46.310	MMH/HM/RECAP00373	UPI	Advance Amount	50,000.00
3	2023-11-26 10:48:55.090	MMH/HM/RECAP00374	UPI	Advance Amount	50,000.00
4	2023-12-02 16:39:58.270	MMH/HM/RECAP00446	UPI	Advance Amount	28,729.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	MDI5065102	117,000.00