

IN PATIENT SUMMARY BILL

UHID : MHI202380956
IP No : IPH202302437
Patient name : Mrs.MARGARET MARY
Age : 55 Y 9 M 24 D/Female

Bill No : MMH/HM/IPH00506
Bill Date : 13/12/2023
DOA : 6/12/2023 12:24PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 200.00
3	BED CHARGES	₹ 29,700.00
4	BLOOD COMPONENTS	₹ 500.00
5	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
6	DIET CHARGES	₹ 2,500.00
7	EQUIPMENT	₹ 1,000.00
8	GENERAL PROCEDURE	₹ 1,000.00
9	IMPLANT	₹ 68,145.00
10	LABORATORY	₹ 21,373.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,000.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 24,000.00
15	PHARMACY CHARGE	₹ 134,350.00
16	PHYSIOTHERAPY	₹ 600.00
17	PROFESSIONAL TEAM FEES	₹ 115,000.00
18	RADIOLOGY	₹ 4,910.00
19	SURGICAL PACKAGE-HEART	₹ 24,191.00

Gross Amount ₹ **461,719.00**
Sanction Amount ₹ **175,536.00**
Net Payable ₹ **461,719.00**
Advance Amount ₹ **286,183.00**
Received Amount ₹ **0.00**

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

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 11:52:17.060	MMH/HM/RECAP00478	UPI	Advance Amount	50,000.00
2	2023-12-07 11:53:23.723	MMH/HM/RECAP00479	NEFT	Advance Amount	200,000.00
3	2023-12-12 18:02:12.810	MMH/HM/RECAP00538	UPI	Advance Amount	36,183.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI0056870	175,536.00