

IN PATIENT SUMMARY BILL

UHID : MMH202371330
IP No : IP2023002566
Patient name : Mr.CHARLES REDDY
Age : 74 Y 11 M 17 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00065
Bill Date : 03/12/2023
DOA : 25/11/2023 9:24AM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : MEDIANET CO. LTD
MEDIANET CO. LTD
PVT LTD

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 41,700.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 700.00 |
| 4 | EQUIPMENT | ₹ 6,000.00 |
| 5 | INTENSIVIST CHARGES | ₹ 15,000.00 |
| 6 | LABORATORY | ₹ 34,476.80 |
| 7 | NURSING CHARGE | ₹ 11,125.00 |
| 8 | OTHER ADDITION | ₹ 12,768.00 |
| 9 | PHARMACY CHARGE | ₹ 39,304.00 |
| 10 | PHYSIOTHERAPY | ₹ 4,800.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 19,250.00 |
| 12 | RADIOLOGY | ₹ 12,480.00 |
| 13 | ULTRASOUND | ₹ 2,400.00 |

Gross Amount ₹ **200,353.80**
Sanction Amount ₹ **191,684.00**
Net Payable ₹ **200,354.00**
Advance Amount ₹ **8,670.00**
Received Amount ₹ **0.00**

Received Amount in Words : Eight Thousand Six Hundred Seventy Only

SRINIVASAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|-------------------------|------------------|--------------|----------------|-----------------|
| 1 | 2023-11-25 09:43:20.383 | MMH/MH/RECH00051 | CARD | Advance Amount | 5,000.00 |
| 2 | 2023-12-01 20:03:50.946 | MMH/MH/RECH00152 | CASH | Advance Amount | 3,670.00 |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|-----------|-----------------|
| UNITED INDIA INSURANCE CO. LTD | 117769345 | 191,684.00 |