

IN PATIENT SUMMARY BILL

UHID : MHI202381011
IP No : IPH202302360
Patient name : Mr.RAVI.M.T
Age : 59 Y 9 M 22 D/Male

Bill No : MMH/HM/IPH00461
Bill Date : 07/12/2023
DOA : 26/11/2023 6:20PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO. LTD

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 48,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 11,988.00
4	DIET CHARGES	₹ 5,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 92,000.00
7	GENERAL PROCEDURE	₹ 3,800.00
8	HIGH DEPENDENCY UNIT / POW	₹ 500.00
9	IMPLANT	₹ 58,814.00
10	INTENSIVIST CHARGES	₹ 15,000.00
11	INVESTIGATIONS	₹ 250.00
12	LABORATORY	₹ 53,774.00
13	MEDICAL RECORD CHARGE	₹ 200.00
14	NURSING CHARGE	₹ 14,400.00
15	OP REGISTRATION	₹ 150.00
16	PHARMACY CHARGE	₹ 128,278.00
17	PHYSIOTHERAPY	₹ 700.00
18	PROFESSIONAL TEAM FEES	₹ 58,000.00
19	RADIOLOGY	₹ 14,700.00
Gross Amount		₹ 509,654.00
Sanction Amount		₹ 351,998.00
Net Payable		₹ 509,654.00
Advance Amount		₹ 509,648.00
Received Amount		₹ 0.00
Refund Amount		₹ 351,992.00

Received Amount in Words : Five Lakh Nine Thousand Six Hundred
Forty-Eight Only

SANTHOSH
Authorised Signature

S.No	Description	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-26 18:33:59.760	MMH/HM/RECAP00376	UPI	Advance Amount	30,000.00
2	2023-11-27 10:00:40.850	MMH/HM/RECAP00379	UPI	Advance Amount	16,000.00
3	2023-11-27 18:16:45.600	MMH/HM/RECAP00389	CASH	Advance Amount	130,000.00
4	2023-11-30 13:32:54.660	MMH/HM/RECAP00431	UPI	Advance Amount	50,000.00
5	2023-12-05 18:43:25.100	MMH/HM/RECAP00459	UPI	Advance Amount	99,000.00
6	2023-12-05 18:48:13.723	MMH/HM/RECAP00460	UPI	Advance Amount	100,000.00
7	2023-12-05 18:51:24.203	MMH/HM/RECAP00461	UPI	Advance Amount	34,648.00
8	2023-12-05 19:07:49.973	MMH/HM/RECAP00462	UPI	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD	MDI8107753	351,998.00