

**IN PATIENT SUMMARY BILL**

UHID : MMH202371356  
IP No : IP2023002574  
Patient name : Mr.THAMOS A  
Age : 48 Y 0 M 7 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00066  
Bill Date : 03/12/2023  
DOA : 26/11/2023 6:31PM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
TPA : MSURANCE CO. LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 5,950.00
5	NURSING CHARGE	₹ 3,000.00
6	OPERATION THEATRE CHARGES	₹ 26,050.00
7	OTHER ADDITION	₹ 635.00
8	PHARMACY CHARGE	₹ 42,939.00
9	PHYSIOTHERAPY	₹ 2,400.00
10	PROFESSIONAL TEAM FEES	₹ 22,500.00
11	RADIOLOGY	₹ 600.00

**Gross Amount** ₹ **111,624.00**  
**Sanction Amount** ₹ **72,026.00**  
**Net Payable** ₹ **111,624.00**  
**Advance Amount** ₹ **28,000.00**  
**Received Amount** ₹ **11,598.00**

**Received Amount in Words** : Thirty-Nine Thousand Five Hundred  
Ninety-Eight Only

SRINIVASAN  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-26 18:35:24.986	MMH/MH/RECH00073	UPI	Advance Amount	5,000.00
2	2023-11-27 13:59:16.256	MMH/MH/RECH00085	CHEQUE	Advance Amount	20,000.00
3	2023-11-30 19:17:56.960	MMH/MH/RECH00139	UPI	Advance Amount	3,000.00
4	2023-12-03 13:24:40.353	MMH/MH/REDH00797	CHEQUE	Collected Amount	11,598.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	0003520956	72,026.00