

IN PATIENT SUMMARY BILL

UHID	: MHI202381036	Bill No	: MMH/HM/IPH202400370
IP No	: IPH2024000323	Bill Date	: 19/02/2024
Patient name	: Mr.CHENJL.G	DOA	: 12/2/2024 10:58AM
Age	: 56 Y 10 M 12 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MSURAMCO INSURANCE AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 2,050.00
4	DIET CHARGES	₹ 6,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 9,500.00
7	GENERAL PROCEDURE	₹ 3,738.00
8	IMPLANT	₹ 37,170.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	INVESTIGATIONS	₹ 1,750.00
11	LABORATORY	₹ 17,443.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 7,200.00
14	OP REGISTRATION	₹ 150.00
15	OPERATION THEATRE CHARGES	₹ 31,000.00
16	PHARMACY CHARGE	₹ 135,652.00
17	PHYSIOTHERAPY	₹ 7,000.00
18	RADIOLOGY	₹ 3,516.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 300,941.00
Sanction Amount		₹ 231,786.00
Net Payable		₹ 300,941.00
Advance Amount		₹ 120,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 50,845.00

Received Amount in Words : One Lakh Twenty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	120,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8117424	231,786.00