

IN PATIENT SUMMARY BILL

UHID : MMH202371494
IP No : IP2023002612
Patient name : Mr.VENKATESAN P
Age : 42 Y 2 M 29 D/Male

Bill No : MMH/MH/IP00113
Bill Date : 10/12/2023
DOA : 29/11/2023 9:55PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO. LTD.

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIALYSIS / DIALYZER	₹ 7,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 7,000.00
5	GENERAL PROCEDURE	₹ 8,000.00
6	LABORATORY	₹ 29,004.00
7	NURSING CHARGE	₹ 7,500.00
8	OTHER ADDITION	₹ 10,097.00
9	PHARMACY CHARGE	₹ 34,712.00
10	PROFESSIONAL TEAM FEES	₹ 25,850.00
11	RADIOLOGY	₹ 3,400.00

Gross Amount	₹ 144,413.00
Sanction Amount	₹ 137,538.00
Net Payable	₹ 144,413.00
Advance Amount	₹ 18,694.00
Received Amount	₹ 0.00
Refund Amount	₹ 11,819.00

Received Amount in Words : Eighteen Thousand Six Hundred Ninety-Four
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 22:08:25.490	MMH/MH/RECH00124	UPI	Advance Amount	10,000.00
2	2023-12-10 18:52:22.850	MMH/MH/RECH00259	CHEQUE	Advance Amount	8,694.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO. LTD.	CHE-1223-PA-0000026	137,538.00