

IN PATIENT SUMMARY BILL

UHID : MHI202381096
IP No : IPH202302490
Patient name : Mr.GOWTHAMAN
Age : 59 Y 10 M 8 D/Male

Bill No : MMH/HM/IPH00563
Bill Date : 21/12/2023
DOA : 12/12/2023 5:26PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : MEDIANET CO LTD
MEDIANET CO LTD TPA
PVT LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 41,000.00
3	BLOOD COMPONENTS	₹ 3,100.00
4	DIET CHARGES	₹ 9,900.00
5	EQUIPMENT	₹ 11,917.50
6	GENERAL PROCEDURE	₹ 1,500.00
7	INTENSIVIST CHARGES	₹ 5,750.00
8	LABORATORY	₹ 23,908.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 11,200.00
11	OP REGISTRATION	₹ 150.00
12	OPERATION THEATRE CHARGES	₹ 35,000.00
13	PHARMACY CHARGE	₹ 129,353.00
14	PHYSIOTHERAPY	₹ 3,795.00
15	PROFESSIONAL TEAM FEES	₹ 77,500.00
16	RADIOLOGY	₹ 5,790.00
17	SURGICAL PACKAGE-HEART	₹ 31,233.00
18	ULTRASOUND	₹ 2,772.00

Gross Amount ₹ **395,168.50**
Sanction Amount ₹ **112,501.00**
Net Payable ₹ **395,169.00**
Advance Amount ₹ **282,668.00**
Received Amount ₹ **0.00**

Received Amount in Words : Two Lakh Eighty-Two Thousand Six Hundred Sixty-Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/12/2023	MMH/HM/RECAP00539	UPI	Advance Amount	30,000.00
2	12/12/2023	MMH/HM/RECAP00540	NEFT	Advance Amount	100,000.00
3	20/12/2023	MMH/HM/RECAP00609	CARD	Advance Amount	50,000.00
4	20/12/2023	MMH/HM/RECAP00610	CARD	Advance Amount	25,000.00
5	20/12/2023	MMH/HM/RECAP00611	UPI	Advance Amount	77,668.00

S.No	Description	Amount
Medical Claim		Claim No
		Sanction Amount
	UNITED INDIA INSURANCE CO LTD	35691877
		112,501.00