

IN PATIENT SUMMARY BILL

UHID : MMH202371771
IP No : IP2023002678
Patient name : Mr.PONNUCHAMY.K
Age : 69 Y 6 M 18 D/Male

Consultant Name : Dr.VIJAYAKRISHNAN B

Bill No : MMH/MH/IP00168
Bill Date : 19/12/2023
DOA : 8/12/2023 10:10PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : UNITED INDIA LTD
INSURANCE TPA PRIVATE LTD

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 43,450.00 |
| 3 | DIET CHARGES | ₹ 5,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,900.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 10,164.00 |
| 7 | NURSING CHARGE | ₹ 5,250.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 7,000.00 |
| 9 | OTHERS | ₹ 115.00 |
| 10 | PHARMACY CHARGE | ₹ 29,192.00 |
| 11 | PHYSIOTHERAPY | ₹ 600.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 17,600.00 |
| 13 | RADIOLOGY | ₹ 8,470.00 |

Gross Amount ₹ **134,078.50**
Sanction Amount ₹ **117,535.00**
Net Payable ₹ **134,079.00**
Advance Amount ₹ **16,544.00**
Received Amount ₹ **0.00**

Received Amount in Words :

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|----------------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | CHE-1223-pa-00012450 | 117,535.00 |