

IN PATIENT SUMMARY BILL

UHID : MHI202381200
IP No : IPH202302468
Patient name : Mrs.GANTHIMATHI E
Age : 52 Y 6 M 0 D/Female

Bill No : MMH/HM/IPH00543
Bill Date : 19/12/2023
DOA : 10/12/2023 3:16PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 37,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 10,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
6	EQUIPMENT	₹ 27,900.00
7	GENERAL PROCEDURE	₹ 1,500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 22,919.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 9,600.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 40,500.00
14	PHARMACY CHARGE	₹ 63,714.00
15	PHYSIOTHERAPY	₹ 16,800.00
16	PROFESSIONAL TEAM FEES	₹ 60,000.00
17	RADIOLOGY	₹ 10,290.00
18	SURGICAL PACKAGE-HEART	₹ 3,758.00

Gross Amount ₹ **316,231.00**
Sanction Amount ₹ **125,000.00**
Net Payable ₹ **316,231.00**
Advance Amount ₹ **191,231.00**
Received Amount ₹ **0.00**

Received Amount in Words : One Lakh Ninety-One Thousand Two Hundred
Thirty-One Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/12/2023	MMH/HM/RECAP00511	CASH	Advance Amount	50,000.00
2	12/12/2023	MMH/HM/RECAP00534	CASH	Advance Amount	50,000.00
3	12/12/2023	MMH/HM/RECAP00535	UPI	Advance Amount	30,000.00
4	12/12/2023	MMH/HM/RECAP00536	UPI	Advance Amount	30,000.00
5	12/12/2023	MMH/HM/RECAP00537	UPI	Advance Amount	10,000.00
6	18/12/2023	MMH/HM/RECAP00571	UPI	Advance Amount	21,231.00

S.No	Description	Amount
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Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8109451	125,000.00