

IN PATIENT SUMMARY BILL

UHID : MHI202381204
IP No : IPH202302512
Patient name : Mrs.SAVITHRI.C
Age : 72 Y 0 M 7 D/Female

Bill No : MMH/HM/IPH00537
Bill Date : 19/12/2023
DOA : 15/12/2023 10:34AM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
INSURANCE CO LTD

Consultant Name : Dr.G. GNANA VELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,600.00
2	BED CHARGES	₹ 13,000.00
3	CARDIOLOGY PACKAGE-HEART	₹ 23,449.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 132,100.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 2,244.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 20,969.00
15	PROFESSIONAL TEAM FEES	₹ 30,000.00
16	RADIOLOGY	₹ 3,588.00
Gross Amount		₹ 240,400.00
Sanction Amount		₹ 130,189.00
Net Payable		₹ 240,400.00
Advance Amount		₹ 110,211.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ten Thousand Two Hundred Eleven
Only

SANTHOSH
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	MDI8109452	130,189.00