

IN PATIENT SUMMARY BILL

UHID : MHI202381278

IP No : IPH2024000067

Patient name : Mr.KOLANJINATHAN M

Age : 51 Y 7 M 10 D/Male

Bill No : MMH/HM/IPH202400113

Bill Date : 17/01/2024

DOA : 8/1/2024 3:20PM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA

INSURANCE CO LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 1,100.00
3	BED CHARGES	₹ 39,750.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 8,600.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
7	EQUIPMENT	₹ 16,000.00
8	GENERAL PROCEDURE	₹ 1,500.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 26,645.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,000.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 33,500.00
15	PHARMACY CHARGE	₹ 114,888.00
16	PHYSIOTHERAPY	₹ 8,400.00
17	PROFESSIONAL TEAM FEES	₹ 70,000.00
18	RADIOLOGY	₹ 5,136.00
19	SURGICAL PACKAGE-HEART	₹ 20,039.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 375,308.00
Sanction Amount		₹ 125,000.00
Net Payable		₹ 375,308.00
Advance Amount		₹ 250,308.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Fifty Thousand Three Hundred Eight Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	75,000.00
2	08/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	75,000.00
3	14/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	50,000.00
4	14/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	308.00
5	14/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	50,000.00

S.No	Description	Amount
------	-------------	--------

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8112873	125,000.00