

**IN PATIENT SUMMARY BILL**

UHID : MMH202372151  
IP No : IP2023002744  
Patient name : Mr.SUBRAMANIAN Y  
Age : 81 Y 0 M 18 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP00198  
Bill Date : 22/12/2023  
DOA : 18/12/2023 9:38AM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
TPA : MSURANCE PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,050.00
4	INJECTION CHARGES	₹ 200.00
5	NURSING CHARGE	₹ 1,125.00
6	OPERATION THEATRE CHARGES	₹ 11,050.00
7	OTHER ADDITION	₹ 3,222.00
8	PHARMACY CHARGE	₹ 12,554.00
9	PROFESSIONAL TEAM FEES	₹ 101,000.00
Gross Amount		₹ 137,976.00
Sanction Amount		₹ 25,000.00
Net Payable		₹ 137,976.00
Advance Amount		₹ 134,180.00
Received Amount		₹ 3,717.00
Refund Amount		₹ 24,921.00

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

DINESH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00373	CASH	Advance Amount	10,000.00
2	19/12/2023	MMH/MH/RECH00401	CASH	Advance Amount	124,180.00
3	22/12/2023	MMH/MH/REDH02175	CHEQUE	Collected Amount	3,717.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	010600/28/22/P100000022	25,000.00