

**IN PATIENT SUMMARY BILL**

UHID : MMH202372334  
IP No : IP2023002776  
Patient name : Mr.MUTHU S  
Age : 35 Y 0 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00246  
Bill Date : 29/12/2023  
DOA : 21/12/2023 7:01PM  
DOD :  
Entity Type : Insurance  
Entity Name : UNITED INDIA  
TPA : INSURANCE CO LTD  
INSURANCE TPA PRIVATE LTD

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 413.00     |
| 2               | BED CHARGES                 | ₹ 24,750.00  |
| 3               | BLOOD COMPONENTS            | ₹ 500.00     |
| 4               | DIET CHARGES                | ₹ 160.00     |
| 5               | DUTY MEDICAL OFFICER CHARGE | ₹ 3,500.00   |
| 6               | EQUIPMENT                   | ₹ 3,000.00   |
| 7               | INJECTION CHARGES           | ₹ 200.00     |
| 8               | LABORATORY                  | ₹ 33,825.00  |
| 9               | NURSING CHARGE              | ₹ 4,425.00   |
| 10              | OPERATION THEATRE CHARGES   | ₹ 16,600.00  |
| 11              | OTHER ADDITION              | ₹ 21,912.00  |
| 12              | PHARMACY CHARGE             | ₹ 22,091.00  |
| 13              | PROFESSIONAL TEAM FEES      | ₹ 24,750.00  |
| 14              | RADIOLOGY                   | ₹ 2,800.00   |
| 15              | ULTRASOUND                  | ₹ 2,000.00   |
| Gross Amount    |                             | ₹ 160,926.00 |
| Sanction Amount |                             | ₹ 158,667.00 |
| Net Payable     |                             | ₹ 160,926.00 |
| Received Amount |                             | ₹ 2,259.00   |

Received Amount in Words : Two Thousand Two Hundred Fifty-Nine Only

KARTHIK C  
Authorised Signature

**Payment History**

| S.No | Receipt Date | Receipt Code     | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1    | 29/12/2023   | MMH/MH/REDH02668 | CHEQUE       | Collected Amount | 2,259.00        |

| Medical Claim                 | Claim No            | Sanction Amount |
|-------------------------------|---------------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | CHE-1223-PA-0003566 | 158,667.00      |