

IN PATIENT SUMMARY BILL

UHID : MHI202381521

IP No : IPH2024000034

Patient name : Mr.MANOHARAN N

Age : 69 Y 7 M 10 D/Male

Bill No : MMH/HM/IPH202400084

Bill Date : 11/01/2024

DOA : 4/1/2024 12:56PM

DOD :

Entity Type : Insurance

Entity Name : UNITED INDIA INSURANCE CO LTD

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 6,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 10,200.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 19,583.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 38,000.00
14	PHARMACY CHARGE	₹ 80,808.00
15	PHYSIOTHERAPY	₹ 6,300.00
16	PROFESSIONAL FEES	₹ 75,000.00
17	RADIOLOGY	₹ 4,308.00
18	SURGICAL PACKAGE-HEART	₹ 8,349.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 295,470.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 295,470.00
Advance Amount		₹ 178,470.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Eight Thousand Four Hundred Seventy Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	150,000.00
2	10/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	28,470.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5070839	117,000.00