

IN PATIENT SUMMARY BILL

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|-----------------|-----------------------|-------------|-----------------------|
| UHID | : MHI202381527 | Bill No | : MMH/HM/IPH202400119 |
| IP No | : IPH2024000098 | Bill Date | : 17/01/2024 |
| Patient name | : Mrs.SHANTHI M | DOA | : 11/1/2024 8:45PM |
| Age | : 53 Y 0 M 0 D/Female | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : UNITED INDIA |
| Consultant Name | : Dr.G. GNANAVELU | | INSURANCE CO LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 1,100.00 |
| 2 | BED CHARGES | ₹ 9,250.00 |
| 3 | CARDIOLOGY PACKAGE-HEART | ₹ 3,200.00 |
| 4 | DIET CHARGES | ₹ 1,300.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 800.00 |
| 6 | EQUIPMENT | ₹ 1,000.00 |
| 7 | GENERAL PROCEDURE | ₹ 5,030.00 |
| 8 | IMPLANT | ₹ 85,000.00 |
| 9 | INTENSIVIST CHARGES | ₹ 2,500.00 |
| 10 | LABORATORY | ₹ 876.00 |
| 11 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 12 | NURSING CHARGE | ₹ 2,800.00 |
| 13 | OP REGISTRATION | ₹ 150.00 |
| 14 | PROFESSIONAL FEES | ₹ 2,000.00 |
| 15 | PROFESSIONAL TEAM FEES | ₹ 55,000.00 |
| 16 | RADIOLOGY | ₹ 960.00 |
| Gross Amount | | ₹ 171,166.00 |
| Sanction Amount | | ₹ 55,250.00 |
| Net Payable | | ₹ 171,166.00 |
| Advance Amount | | ₹ 115,916.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : One Lakh Fifteen Thousand Nine Hundred Sixteen Only

IYAPPAN R
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 11/01/2024 | MMH/HM/RECAP2024001 | CASH | Advance Amount | 75,000.00 |
| 2 | 13/01/2024 | MMH/HM/RECAP2024001 | UPI | Advance Amount | 10,916.00 |
| 3 | 13/01/2024 | MMH/HM/RECAP2024001 | CASH | Advance Amount | 30,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MDI8113638 | 55,250.00 |