

IN PATIENT SUMMARY BILL

|                 |                              |             |                                 |
|-----------------|------------------------------|-------------|---------------------------------|
| UHID            | : MMH202372584               | Bill No     | : MMH/MH/IP202400011            |
| IP No           | : IP2023002821               | Bill Date   | : 02/01/2024                    |
| Patient name    | : Mr.DURAI RAJAN             | DOA         | : 27/12/2023 10:07PM            |
| Age             | : 64 Y 9 M 16 D/Male         | DOD         | :                               |
|                 |                              | Entity Type | : Insurance                     |
|                 |                              | Entity Name | : UNITED INDIA                  |
| Consultant Name | : Dr.VENKATACHALAM VEERAPPAN | TPA         | : UNITED INDIA INSURANCE CO LTD |

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 11,550.00  |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 2,100.00   |
| 4               | LABORATORY                  | ₹ 15,385.00  |
| 5               | NURSING CHARGE              | ₹ 2,250.00   |
| 6               | OPERATION THEATRE CHARGES   | ₹ 5,450.00   |
| 7               | OTHER ADDITION              | ₹ 14,407.00  |
| 8               | PHARMACY CHARGE             | ₹ 24,949.00  |
| 9               | PROFESSIONAL TEAM FEES      | ₹ 27,500.00  |
| 10              | RADIOLOGY                   | ₹ 14,928.00  |
| 11              | ULTRASOUND                  | ₹ 2,000.00   |
| Gross Amount    |                             | ₹ 120,869.00 |
| Sanction Amount |                             | ₹ 112,779.00 |
| Net Payable     |                             | ₹ 120,869.00 |
| Advance Amount  |                             | ₹ 8,090.00   |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Eight Thousand Ninety Only

KARTHIK C  
Authorized Signature

Payment History

| S.No | Receipt Date | Receipt Code     | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|------------------|--------------|----------------|-----------------|
| 1    | 27/12/2023   | MMH/MH/RECH00504 | UPI          | Advance Amount | 5,000.00        |
| 2    | 30/12/2023   | MMH/MH/RECH00573 | UPI          | Advance Amount | 3,090.00        |

| Medical Claim                 | Claim No    | Sanction Amount |
|-------------------------------|-------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | HH172468697 | 112,779.00      |