

IN PATIENT SUMMARY BILL

UHID : MMH202372599
IP No : IP2023002825
Patient name : Mr.CHANDRA SEKARAN S
Age : 68 Y 7 M 12 D/Male

Consultant Name : Dr.VIGNESH .M

Bill No : MMH/MH/IP00278
Bill Date : 31/12/2023
DOA : 28/12/2023 12:33PM
DOD :
Entity Type : Insurance
Entity Name : UNITED INDIA
TPA : MSURANCE INSURANCE AND
STATE EMPLOYEE
SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 450.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 7,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,530.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 17,350.00
10	OTHER ADDITION	₹ 4,193.00
11	PHARMACY CHARGE	₹ 19,477.00
12	PROFESSIONAL TEAM FEES	₹ 66,000.00

Gross Amount	₹ 125,600.00
Sanction Amount	₹ 37,100.00
Net Payable	₹ 125,600.00
Advance Amount	₹ 89,879.00
Received Amount	₹ 0.00
Refund Amount	₹ 1,379.00

Received Amount in Words : Eighty-Nine Thousand Eight Hundred
Seventy-Nine Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/12/2023	MMH/MH/RECH00508	UPI	Advance Amount	10,000.00
2	30/12/2023	MMH/MH/RECH00569	CARD	Advance Amount	28,000.00
3	30/12/2023	MMH/MH/RECH00570	CARD	Advance Amount	50,000.00
4	31/12/2023	MMH/MH/RECH00577	CHEQUE	Advance Amount	1,879.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15069537	37,100.00