

IN PATIENT SUMMARY BILL

UHID : MMH202400017

IP No : IP2024000006

Patient name : Mr.MOHANASUNDARAM T

Age : 72 Y 1 M 16 D/Male

Bill No : MMH/MH/IP202400055

Bill Date : 08/01/2024

DOA : 1/1/2024 5:32PM

DOD :

Entity Type : Insurance

Entity Name : UNIVERSAL SAMPO GEN INSURANCE

Consultant Name : Dr.BASHEER AHMED ORTHO

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 16,800.00  |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 2,800.00   |
| 4               | GENERAL PROCEDURE           | ₹ 1,400.00   |
| 5               | LABORATORY                  | ₹ 17,499.00  |
| 6               | NURSING CHARGE              | ₹ 3,000.00   |
| 7               | OPERATION THEATRE CHARGES   | ₹ 11,850.00  |
| 8               | OTHER ADDITION              | ₹ 27,279.00  |
| 9               | PHARMACY CHARGE             | ₹ 89,598.00  |
| 10              | PHYSIOTHERAPY               | ₹ 1,200.00   |
| 11              | PROFESSIONAL TEAM FEES      | ₹ 122,000.00 |
| 12              | RADIOLOGY                   | ₹ 2,688.00   |
| 13              | TRANSPORT                   | ₹ 2,700.00   |
| 14              | ULTRASOUND                  | ₹ 2,000.00   |
| Gross Amount    |                             | ₹ 301,164.00 |
| Sanction Amount |                             | ₹ 236,884.00 |
| Net Payable     |                             | ₹ 301,164.00 |
| Advance Amount  |                             | ₹ 64,280.00  |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Sixty-Four Thousand Two Hundred Eighty Only

KARTHIK C  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code        | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1    | 01/01/2024   | MMH/MH/RECH20240000 | UPI          | Advance Amount | 5,000.00        |
| 2    | 05/01/2024   | MMH/MH/RECH20240000 | CARD         | Advance Amount | 58,080.00       |
| 3    | 05/01/2024   | MMH/MH/RECH20240000 | CASH         | Advance Amount | 1,200.00        |

| Medical Claim                 | Claim No | Sanction Amount |
|-------------------------------|----------|-----------------|
| UNIVERSAL SAMPO GEN INSURANCE | 509440   | 236,884.00      |