

IN PATIENT SUMMARY BILL

UHID	: MHI202481748	Bill No	: MMH/HM/IPH202400387
IP No	: IPH2024000366	Bill Date	: 20/02/2024
Patient name	: Mrs.MAHALAKSHMI V	DOA	: 15/2/2024 11:27AM
Age	: 53 Y 8 M 14 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MSURANCE PENSIONER AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 18,500.00
3	BLOOD COMPONENTS	₹ 4,050.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 20,800.00
7	GENERAL PROCEDURE	₹ 2,547.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	INVESTIGATIONS	₹ 1,750.00
10	LABORATORY	₹ 22,263.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 5,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 24,500.00
15	PHARMACY CHARGE	₹ 79,340.00
16	PHYSIOTHERAPY	₹ 4,900.00
17	RADIOLOGY	₹ 4,044.00
18	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 205,116.00
Sanction Amount		₹ 76,960.00
Net Payable		₹ 205,116.00
Advance Amount		₹ 128,156.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty-Eight Thousand One Hundred Fifty-Six Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/02/2024	MMH/HM/RECAP2024003	UPI	Advance Amount	70,000.00
2	20/02/2024	MMH/HM/RECAP2024004	UPI	Advance Amount	58,156.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5076086	76,960.00