

IN PATIENT SUMMARY BILL

UHID	: MHI202481763	Bill No	: MMH/HM/IPH202400228
IP No	: IPH2024000164	Bill Date	: 31/01/2024
Patient name	: Mr.RAJAPPA S	DOA	: 22/1/2024 2:50PM
Age	: 81 Y 1 M 21 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MSURAMCO INSURANCE AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 1,100.00
3	BED CHARGES	₹ 49,650.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 10,200.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
7	EQUIPMENT	₹ 21,100.00
8	GENERAL PROCEDURE	₹ 1,200.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 28,196.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 9,600.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 38,000.00
15	PHARMACY CHARGE	₹ 102,399.00
16	PHYSIOTHERAPY	₹ 10,500.00
17	PROFESSIONAL TEAM FEES	₹ 72,000.00
18	RADIOLOGY	₹ 4,656.00
19	SURGICAL PACKAGE-HEART	₹ 3,900.00
20	ULTRASOUND	₹ 2,000.00

Gross Amount	₹ 375,851.00
Sanction Amount	₹ 117,000.00
Net Payable	₹ 375,851.00
Advance Amount	₹ 265,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 6,149.00

Received Amount in Words : Two Lakh Sixty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	265,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5072358	117,000.00