

IN PATIENT SUMMARY BILL

UHID	: MHI202482033	Bill No	: MMH/HM/IPH202400267
IP No	: IPH2024000203	Bill Date	: 06/02/2024
Patient name	: Mr.BALAN S	DOA	: 29/1/2024 4:00PM
Age	: 68 Y 7 M 22 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: UNITED INDIA INSURANCE CO LTD AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 38,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 9,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 36,700.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 10,000.00
9	LABORATORY	₹ 34,383.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 10,400.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 20,000.00
14	PHARMACY CHARGE	₹ 173,240.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	RADIOLOGY	₹ 12,635.00
17	SURGICAL PACKAGE-HEART	₹ 9,462.00
18	ULTRASOUND	₹ 4,000.00
Gross Amount		₹ 371,320.00
Sanction Amount		₹ 151,320.00
Net Payable		₹ 371,320.00
Advance Amount		₹ 220,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Twenty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	50,000.00
2	30/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	150,000.00
3	05/02/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	20,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI0058305	151,320.00