

IN PATIENT SUMMARY BILL

UHID	:	MMH202473824	Bill No	:	MMH/MH/IP202401589
IP No	:	IP2024001482	Bill Date	:	24/07/2024
Patient name	:	Mrs.BAGIRATHI S	DOA	:	2/7/2024 4:37PM
Age	:	78 Y 3 M 0 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.BASHEER AHMED ORTHO	TPA	:	MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
6	GENERAL PROCEDURE	₹ 1,500.00
7	LABORATORY	₹ 3,906.00
8	NURSING CHARGE	₹ 4,400.00
9	OPERATION THEATRE CHARGES	₹ 14,570.00
10	PHARMACY CHARGE	₹ 116,091.00
11	PHYSIOTHERAPY	₹ 2,400.00
12	PROFESSIONAL TEAM FEES	₹ 41,650.00
13	RADIOLOGY	₹ 1,080.00
Gross Amount		₹ 214,672.00
Sanction Amount		₹ 124,553.00
Net Payable		₹ 214,672.00
Advance Amount		₹ 20,119.00
Received Amount		₹ 70,000.00

Received Amount in Words : Ninety Thousand One Hundred Nineteen Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/2/2024	MMH/MH/RECH202402469	CASH	Advance Amount	10,000.00
2	7/7/2024	MMH/MH/RECH202402822	CARD	Advance Amount	10,119.00
3	7/24/2024	MMH/MH/REDH202416190	CARD	Collected Amount	70,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15097810	124,553.00