

IN PATIENT SUMMARY BILL

UHID	: MHI202482400	Bill No	: MMH/HM/IPH202400438
IP No	: IPH2024000379	Bill Date	: 24/02/2024
Patient name	: Mr.MURUGAN N	DOA	: 16/2/2024 3:52PM
Age	: 58 Y 6 M 4 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA
Consultant Name	: Dr.ANBARASU MOHANRAJ		INSURANCE CO LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 44,700.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 10,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 17,700.00
7	GENERAL PROCEDURE	₹ 700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 27,047.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,800.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 31,000.00
14	PHARMACY CHARGE	₹ 87,502.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	PROFESSIONAL TEAM FEES	₹ 120,849.00
17	RADIOLOGY	₹ 4,656.00
18	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 375,304.00
Sanction Amount		₹ 125,000.00
Net Payable		₹ 375,304.00
Advance Amount		₹ 250,304.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Fifty Thousand Three Hundred Four Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	50,000.00
2	17/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	200,000.00
3	24/02/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	304.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8118245	125,000.00