IN PATIENT SUMMARY BILL

UHID	:	MHI202482437	Bill No	:	MMH/HM/IPH202400571
IP No	:	IPH2024000510	Bill Date	:	13/03/2024
Patient name	:	Mr.RAJAVELU S	DOA	:	5/3/2024 10:00AM
Age	:	66 Y 1 M 6 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO
Consultant Name	:	Dr.ANBARASU MOHANRAJ	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,100.00
2	BED CHARGES	₹	39,750.00
3	BLOOD COMPONENTS	₹	21,650.00
4	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
5	DIALYSIS / DIALYZER	₹	25,000.00
6	DIALYSIS CHARGE	₹	10,000.00
7	DIET CHARGES	₹	9,100.00
8	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
9	EQUIPMENT	₹	28,500.00
10	GENERAL PROCEDURE	₹	700.00
11	IMPLANT	₹	68,145.00
12	INTENSIVIST CHARGES	₹	5,000.00
13	LABORATORY	₹	25,368.00
14	MEDICAL RECORD CHARGE	₹	200.00
15	NURSING CHARGE	₹	8,000.00
16	OP REGISTRATION	₹	150.00
17	OPERATION THEATRE CHARGES	₹	31,250.00
18	PHARMACY CHARGE	₹	149,898.00
19	PHYSIOTHERAPY	₹	14,000.00
20	PROFESSIONAL TEAM FEES	₹	70,000.00
21	RADIOLOGY	₹	5,894.00
22	SURGICAL PACKAGE-HEART	₹	7,924.00

Gross Amount	₹	**541,629.00**
Sanction Amount	₹	**196,536.00**
Net Payable	₹	**541,629.00**
Advance Amount	₹	**345,093.00**
Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Forty-Five Thousand Ninety-Three Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
2	05/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	100,000.00
3	06/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	100,000.00
4	12/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	45,093.00