

IN PATIENT SUMMARY BILL

UHID	: MHI202482720	Bill No	: MMH/HM/IPH202400653
IP No	: IPH2024000617	Bill Date	: 21/03/2024
Patient name	: Mr.DAYANIDHI G	DOA	: 14/3/2024 11:26AM
Age	: 54 Y 11 M 20 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 15,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,200.00
6	EQUIPMENT	₹ 17,000.00
7	GENERAL PROCEDURE	₹ 700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 20,108.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 27,500.00
14	PHARMACY CHARGE	₹ 84,655.00
15	PHYSIOTHERAPY	₹ 7,700.00
16	PROFESSIONAL FEES	₹ 37,249.00
17	RADIOLOGY	₹ 7,080.00
18	SURGICAL PACKAGE-HEART	₹ 7,000.00
Gross Amount		₹ 255,542.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 255,542.00
Advance Amount		₹ 138,542.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Eight Thousand Five Hundred Forty-Two Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/03/2024	MMH/HM/RECAP2024006	CASH	Advance Amount	40,000.00
2	14/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	30,000.00
3	14/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	55,000.00
4	20/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	13,542.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8121838	117,000.00