

IN PATIENT SUMMARY BILL

UHID	: MHI202482735	Bill No	: MMH/HM/IPH202400543
IP No	: IPH2024000523	Bill Date	: 09/03/2024
Patient name	: Mr.LAKSHMI NARASIMAN R	DOA	: 5/3/2024 3:05PM
Age	: 78 Y 1 M 27 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.K.JAISHANKAR	TPA	: UNITED INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 19,950.00
3	CARDIOLOGY PACKAGE-HEART	₹ 72,798.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 6,300.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	IMPLANT	₹ 71,037.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 20,082.50
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 38,452.00
15	PROFESSIONAL TEAM FEES	₹ 100,000.00
16	RADIOLOGY	₹ 1,600.00
Gross Amount		₹ 346,169.50
Sanction Amount		₹ 136,980.00
Net Payable		₹ 346,170.00
Advance Amount		₹ 209,190.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Nine Thousand One Hundred Ninety 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/RECAP2024005	CARD	Advance Amount	100,000.00
2	08/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	109,190.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	36923797	136,980.00