IN PATIENT SUMMARY BILL

UHID	:	MHI202482785	Bill No	:	MMH/HM/IPH202400599
IP No	:	IPH2024000548	Bill Date	:	15/03/2024
Patient name	:	Mr.BAL RAJ K	DOA	:	7/3/2024 8:30PM
Age	:	39 Y 4 M 16 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO
Consultant Name	:	Dr.G. GNANAVELU	TPA	:	MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	33,500.00
3	BLOOD COMPONENTS	₹	2,550.00
4	CARDIOLOGY PACKAGE-HEART	₹	57,802.00
5	DIALYSIS / DIALYZER	₹	10,000.00
6	DIET CHARGES	₹	8,100.00
7	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
8	EQUIPMENT	₹	14,000.00
9	GENERAL PROCEDURE	₹	4,950.00
10	IMPLANT	₹	25,000.00
11	INTENSIVIST CHARGES	₹	7,500.00
12	LABORATORY	₹	28,114.50
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	9,200.00
15	OP REGISTRATION	₹	150.00
16	PHARMACY CHARGE	₹	48,998.00
17	PROFESSIONAL TEAM FEES	₹	30,000.00
18	RADIOLOGY	₹	5,135.00

Gross Amount	₹	**288,999.50**
Sanction Amount	₹	**100,000.00**
Net Payable	₹	**289,000.00**
Advance Amount	₹	**189,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Eighty-Nine Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/03/2024	MMH/HM/RECAP202400(	UPI	Advance Amount	35,000.00
2	08/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	16,000.00
3	08/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	60,000.00
4	08/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	15,000.00
5	14/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	63,000.00

S.No	Description	Amount

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8121210	100,000.00