

IN PATIENT SUMMARY BILL

UHID	: MHI202482848	Bill No	: MMH/HM/IPH202400805
IP No	: IPH2024000761	Bill Date	: 06/04/2024
Patient name	: Mr.CHANDRASEKARAN E	DOA	: 31/3/2024 8:41AM
Age	: 57 Y 9 M 25 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.ANBARASU MOHANRAJ	TPA	: MEDDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 17,500.00
7	GENERAL PROCEDURE	₹ 700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 21,673.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 39,000.00
14	PHARMACY CHARGE	₹ 82,763.00
15	PHYSIOTHERAPY	₹ 9,800.00
16	PROFESSIONAL TEAM FEES	₹ 40,000.00
17	RADIOLOGY	₹ 6,288.00
18	SURGICAL PACKAGE-HEART	₹ 3,408.00
Gross Amount		₹ 272,282.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 272,282.00
Advance Amount		₹ 159,500.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,218.00

Received Amount in Words : One Lakh Fifty-Nine Thousand Five Hundred Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/HM/RECAP2024008	CASH	Advance Amount	159,500.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8123619	117,000.00