

IN PATIENT SUMMARY BILL

UHID	: MHI202482900	Bill No	: MMH/HM/IPH202400654
IP No	: IPH2024000609	Bill Date	: 21/03/2024
Patient name	: Mrs.GRACY VIJAYAKUMAR	DOA	: 13/3/2024 10:12PM
Age	: 61 Y 1 M 7 D/Female	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	₹ 28,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 58,000.50
4	DIET CHARGES	₹ 7,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 2,000.00
7	GENERAL PROCEDURE	₹ 11,196.00
8	IMPLANT	₹ 20,060.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 23,307.50
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,000.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 37,994.00
15	PROFESSIONAL TEAM FEES	₹ 54,000.00
16	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 262,558.00
Sanction Amount		₹ 80,410.00
Net Payable		₹ 262,558.00
Advance Amount		₹ 231,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 48,852.00

Received Amount in Words : Two Lakh Thirty-One Thousand 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	UPI	Advance Amount	40,000.00
2	14/03/2024	MMH/HM/RECAP2024006	UPI	Advance Amount	16,000.00
3	15/03/2024	MMH/HM/RECAP2024006	NEFT	Advance Amount	125,000.00
4	17/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI0059540	80,410.00