IN PATIENT SUMMARY BILL

UHID	:	MHI202482946	Bill No	:	MMH/HM/IPH202400827
IP No	:	IPH2024000783	Bill Date	:	09/04/2024
Patient name	:	Mr.VENKATESAN PALAYAM	DOA	:	2/4/2024 11:19AM
Age	:	51 Y 1 M 8 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	₹	7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	17,000.00
7	GENERAL PROCEDURE	₹	900.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	21,875.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	7,200.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	31,500.00
14	PHARMACY CHARGE	₹	80,133.00
15	PHYSIOTHERAPY	₹	9,800.00
16	PROFESSIONAL TEAM FEES	₹	50,000.00
17	RADIOLOGY	₹	6,396.00
18	SURGICAL PACKAGE-HEART	₹	8,677.00

Gross Amount	₹	**272,431.00**
Sanction Amount	₹	**112,500.00**
Net Payable	₹	**272,431.00**
Advance Amount	₹	**159,931.00**
Received Amount	₹	**0.00**

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

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	27,500.00
2	02/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	72,500.00
3	03/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
4	08/04/2024	MMH/HM/RECAP202400	UPI	Advance Amount	3,931.00
5	08/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	6,000.00

S.No	Description	Amount

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8124092	112,500.00