IN PATIENT SUMMARY BILL

UHID	:	MHI202482977	Bill No	:	MMH/HM/IPH202400719
IP No	:	IPH2024000692	Bill Date	:	29/03/2024
Patient name	:	Mr.RADHASAMI M	DOA	:	22/3/2024 4:30PM
Age	:	75 Y 1 M 27 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,100.00
2	BED CHARGES	₹	15,000.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	7,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	356,300.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	14,271.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,000.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	42,844.00
15	PROFESSIONAL TEAM FEES	₹	42,949.00
16	RADIOLOGY	₹	4,950.00

Gross Amount	₹	**515,364.00**
Sanction Amount	₹	**148,540.00**
Net Payable	₹	**515,364.00**
Advance Amount	₹	**366,824.00**
Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Sixty-Six Thousand Eight Hundred Twenty-Four Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
2	24/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
3	25/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
4	27/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
5	28/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	66,824.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5081745	148,540.00