

IN PATIENT SUMMARY BILL

UHID	: MHI202483089	Bill No	: MMH/HM/IPH202400766
IP No	: IPH2024000765	Bill Date	: 03/04/2024
Patient name	: Mrs.PUSHPAVATHY	DOA	: 31/3/2024 8:30PM
Age	: 68 Y 3 M 18 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	₹ 10,250.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 9,800.00
7	IMPLANT	₹ 100,959.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 3,924.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 20,069.00
14	PROFESSIONAL TEAM FEES	₹ 80,000.00
15	RADIOLOGY	₹ 960.00
Gross Amount		₹ 237,112.00
Sanction Amount		₹ 135,000.00
Net Payable		₹ 237,112.00
Advance Amount		₹ 102,112.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Two Thousand One Hundred Twelve 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	100,000.00
2	02/04/2024	MMH/HM/RECAP2024009	CARD	Advance Amount	2,112.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI0059835	135,000.00