

IN PATIENT SUMMARY BILL

UHID	: MHI202483091	Bill No	: MMH/HM/IPH202400964
IP No	: IPH2024000956	Bill Date	: 24/04/2024
Patient name	: Mr.PRAKASH.G	DOA	: 22/4/2024 7:38AM
Age	: 55 Y 10 M 26 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.G. GNANAVELU	TPA	: MDINDIA TPA PVT LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 14,925.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 57,075.00
8	IMPLANT	₹ 85,289.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	IP REGISTRATION	₹ 150.00
11	LABORATORY	₹ 1,146.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 3,600.00
14	PHARMACY CHARGE	₹ 22,523.00
15	PROFESSIONAL TEAM FEES	₹ 85,000.00
16	RADIOLOGY	₹ 960.00
Gross Amount		₹ 285,418.00
Sanction Amount		₹ 136,250.00
Net Payable		₹ 285,418.00
Advance Amount		₹ 200,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 50,832.00

Received Amount in Words : Two Lakh Zero Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	199,000.00
2	22/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	1,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8126115	136,250.00