

IN PATIENT SUMMARY BILL

UHID	: MMH202475357	Bill No	: MMH/MH/IP202400980
IP No	: IP2024000925	Bill Date	: 06/05/2024
Patient name	: Mrs.KRISHNAVENI K R	DOA	: 22/4/2024 2:08PM
Age	: 82 Y 3 M 6 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,375.00
3	DIET CHARGES	₹ 5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,375.00
5	EQUIPMENT	₹ 9,600.00
6	GENERAL PROCEDURE	₹ 1,350.00
7	LABORATORY	₹ 16,080.00
8	NURSING CHARGE	₹ 6,800.00
9	OTHER ADDITION	₹ 8,952.00
10	PHARMACY CHARGE	₹ 29,756.00
11	PROFESSIONAL TEAM FEES	₹ 25,600.00
12	RADIOLOGY	₹ 5,472.00
Gross Amount		₹ 138,710.00
Sanction Amount		₹ 44,466.00
Net Payable		₹ 138,710.00
Advance Amount		₹ 61,951.00
Received Amount		₹ 32,293.00

Received Amount in Words : Ninety-Four Thousand Two Hundred Forty-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/MH/RECH2024014	CASH	Advance Amount	5,000.00
2	27/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	15,000.00
3	30/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	41,951.00
4	06/05/2024	MMH/MH/REDH2024095	CHEQUE	Collected Amount	32,293.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CCN : MDI5087183	44,466.00