

IN PATIENT SUMMARY BILL

UHID	: MHI202483186	Bill No	: MMH/HM/IPH202400931
IP No	: IPH2024000901	Bill Date	: 22/04/2024
Patient name	: Mr.GANESH KUMAR.M	DOA	: 15/4/2024 9:55AM
Age	: 64 Y 6 M 1 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	₹ 3,050.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,200.00
6	EQUIPMENT	₹ 18,600.00
7	G.I.PROCEDURE	₹ 20,000.00
8	GENERAL PROCEDURE	₹ 900.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	IP REGISTRATION	₹ 150.00
11	LABORATORY	₹ 24,066.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 7,200.00
14	OPERATION THEATRE CHARGES	₹ 46,000.00
15	PHARMACY CHARGE	₹ 80,107.00
16	PHYSIOTHERAPY	₹ 10,500.00
17	PROFESSIONAL TEAM FEES	₹ 39,797.00
18	RADIOLOGY	₹ 11,306.00
Gross Amount		₹ 299,476.00
Sanction Amount		₹ 117,000.00
Net Payable		₹ 299,476.00
Advance Amount		₹ 200,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 17,524.00

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	15/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	200,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5085120	117,000.00