

IN PATIENT SUMMARY BILL

UHID	: MHI202483228	Bill No	: MMH/HM/IPH202400824
IP No	: IPH2024000822	Bill Date	: 09/04/2024
Patient name	: Mr.RAJASEKARAN E	DOA	: 6/4/2024 8:18AM
Age	: 61 Y 6 M 24 D/Male	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	₹ 500.00
7	IMPLANT	₹ 40,178.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 4,098.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 17,532.00
14	PROFESSIONAL TEAM FEES	₹ 100,332.00
15	RADIOLOGY	₹ 960.00

Gross Amount	₹ 185,000.00
Sanction Amount	₹ 105,000.00
Net Payable	₹ 185,000.00
Advance Amount	₹ 80,000.00
Received Amount	₹ 0.00

Received Amount in Words : Eighty Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	75,000.00
2	08/04/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI50883811	105,000.00