IN PATIENT SUMMARY BILL

UHID	:	MHI202483255	Bill No	:	MMH/HM/IPH202401017
IP No	:	IPH2024000972	Bill Date	:	30/04/2024
Patient name	:	Mrs.ANANDHI	DOA	:	23/4/2024 12:30PM
Age	:	49 Y 4 M 15 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO
Consultant Name	:	Dr.RAJESH.V	TPA	:	MEDINDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,188.00
2	BED CHARGES	₹	34,800.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	17,700.00
7	G.I.PROCEDURE	₹	20,000.00
8	GENERAL PROCEDURE	₹	900.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	IP REGISTRATION	₹	200.00
11	LABORATORY	₹	23,538.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	7,200.00
14	OPERATION THEATRE CHARGES	₹	35,500.00
15	PHARMACY CHARGE	₹	89,555.00
16	PHYSIOTHERAPY	₹	9,800.00
17	PROFESSIONAL TEAM FEES	₹	110,000.00
18	RADIOLOGY	₹	6,692.00
19	SURGICAL PACKAGE-HEART	₹	36,515.00

Gross Amount	₹	**410,288.00**
Sanction Amount	₹	**148,200.00**
Net Payable	₹	**410,288.00**
Advance Amount	₹	**262,088.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Sixty-Two Thousand Eighty-Eight Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	50,000.00
2	23/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	100,000.00
3	24/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	50,000.00
4	29/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	40,000.00
5	29/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	22,088.00

S.No	Description	Amount

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8126979	148,200.00