

IN PATIENT SUMMARY BILL

UHID	: MMH202475559	Bill No	: MMH/MH/IP202400829
IP No	: IP2024000817	Bill Date	: 16/04/2024
Patient name	: Mr.AMBIKANITHI P S	DOA	: 7/4/2024 9:48AM
Age	: 69 Y 8 M 1 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.VIJAYAN.J	TPA	: UNITED INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,000.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 19,900.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 13,476.00
9	NURSING CHARGE	₹ 6,400.00
10	OPERATION THEATRE CHARGES	₹ 15,000.00
11	OTHER ADDITION	₹ 8,600.00
12	PHARMACY CHARGE	₹ 42,402.00
13	PROFESSIONAL TEAM FEES	₹ 81,500.00
14	RADIOLOGY	₹ 12,740.00
Gross Amount		₹ 231,018.00
Sanction Amount		₹ 21,840.00
Net Payable		₹ 231,018.00
Advance Amount		₹ 186,280.00
Received Amount		₹ 44,738.00
Refund Amount		₹ 21,840.00

Received Amount in Words : Two Lakh Thirty-One Thousand Eighteen Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	15,000.00
2	08/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	50,000.00
3	10/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	50,000.00
4	15/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	26,280.00
5	15/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	45,000.00
6	16/04/2024	MMH/MH/REDH2024080	CHEQUE	Collected Amount	44,738.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	18002335544	21,840.00