

IN PATIENT SUMMARY BILL

UHID	:	MMH202475947	Bill No	:	MMH/MH/IP202402216
IP No	:	IP2024002246	Bill Date	:	14/10/2024
Patient name	:	Master.KRITHAN SAI.M	DOA	:	9/10/2024 10:24AM
Age	:	7 Y 3 M 21 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.ARUN KUMAR.I			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,786.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 15,500.00
8	OTHER ADDITION	₹ 17,524.00
9	PHARMACY CHARGE	₹ 48,574.00
10	PROFESSIONAL TEAM FEES	₹ 53,000.00
11	RADIOLOGY	₹ 1,560.00
Gross Amount		₹ 147,119.00
Sanction Amount		₹ 132,561.00
Net Payable		₹ 147,119.00
Advance Amount		₹ 147,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 132,442.00

Received Amount in Words : One Lakh Forty-Seven Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/RECH202403964	CARD	Advance Amount	3,000.00
2	10/10/2024	MMH/MH/RECH202403997	CARD	Advance Amount	144,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	BLR-1024-PA-0002522	132,561.00