

IN PATIENT SUMMARY BILL

|                 |                        |             |  |
|-----------------|------------------------|-------------|--|
| UHID            | : MMH202475968         | Bill No     | : MMH/MH/IP202400918                             |
| IP No           | : IP2024000910         | Bill Date   | : 28/04/2024                                     |
| Patient name    | : Mrs.BALA.K           | DOA         | : 19/4/2024 11:05PM                              |
| Age             | : 59 Y 6 M 11 D/Female | DOD         | :  |
|                 |                        | Entity Type | : Insurance                                      |
|                 |                        | Entity Name | : UNITED INDIA INSURANCE CO                      |
| Consultant Name | : Dr.SRIRAM THANIGAI   | TPA         | : MIDINDIA PENSINOR AND STATE<br>EMPLOYEE SCHEME |

| S.No | Description                 | Amount       |
|------|-----------------------------|--------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2    | BED CHARGES                 | ₹ 29,400.00  |
| 3    | DIET CHARGES                | ₹ 4,000.00   |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 5,250.00   |
| 5    | GENERAL PROCEDURE           | ₹ 1,400.00   |
| 6    | INJECTION CHARGES           | ₹ 200.00     |
| 7    | LABORATORY                  | ₹ 173.00     |
| 8    | NURSING CHARGE              | ₹ 5,600.00   |
| 9    | OPERATION THEATRE CHARGES   | ₹ 32,000.00  |
| 10   | OTHER ADDITION              | ₹ 4,528.00   |
| 11   | PHARMACY CHARGE             | ₹ 348,758.00 |
| 12   | PHYSIOTHERAPY               | ₹ 4,800.00   |
| 13   | PROFESSIONAL TEAM FEES      | ₹ 158,000.00 |

|                 |              |
|-----------------|--------------|
| Gross Amount    | ₹ 594,459.00 |
| Sanction Amount | ₹ 354,459.00 |
| Discount Amount | ₹ 40,000.00  |
| Net Payable     | ₹ 554,459.00 |
| Advance Amount  | ₹ 200,000.00 |
| Received Amount | ₹ 0.00       |

Received Amount in Words : Two Lakh Zero Only

SRINIVASAN  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 19/04/2024   | MMH/MH/RECH2024014 | CASH         | Advance Amount | 10,000.00       |
| 2    | 26/04/2024   | MMH/MH/RECH2024015 | NEFT         | Advance Amount | 50,000.00       |
| 3    | 26/04/2024   | MMH/MH/RECH2024015 | CARD         | Advance Amount | 140,000.00      |

| Medical Claim                 | Claim No   | Sanction Amount |
|-------------------------------|------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MDI5086330 | 354,459.00      |