

IN PATIENT SUMMARY BILL

UHID	: MMH202476879	Bill No	: MMH/MH/IP202401060
IP No	: IP2024001092	Bill Date	: 16/05/2024
Patient name	: Mr.GURUNATHAN R	DOA	: 12/5/2024 7:45PM
Age	: 52 Y 0 M 11 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.DURAI RAVI	TPA	: UNITED INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 474.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 7,350.00
8	OTHER ADDITION	₹ 264.00
9	PHARMACY CHARGE	₹ 11,654.00
10	PROFESSIONAL TEAM FEES	₹ 30,500.00
11	RADIOLOGY	₹ 660.00
Gross Amount		₹ 60,352.00
Sanction Amount		₹ 17,500.00
Net Payable		₹ 60,352.00
Advance Amount		₹ 32,100.00
Received Amount		₹ 10,752.00

Received Amount in Words : Forty-Two Thousand Eight Hundred Fifty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	25,000.00
2	14/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	7,100.00
3	16/05/2024	MMH/MH/REDH2024103	CHEQUE	Collected Amount	10,752.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8131025	17,500.00