

IN PATIENT SUMMARY BILL

UHID	:	MHP202400771	Bill No	:	MMH/MH/IP202401876
IP No	:	IP2024001881	Bill Date	:	31/08/2024
Patient name	:	Mr.SESHADRI K S	DOA	:	22/8/2024 2:00AM
Age	:	72 Y 3 M 29 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.SUPRAJA K	TPA	:	FHPL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 48,450.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 12,750.00
6	INTENSIVIST CHARGES	₹ 13,500.00
7	INTERVENTIONAL PROCEDURE (CARDIOLOGY)	₹ 18,000.00
8	LABORATORY	₹ 78,666.00
9	NURSING CHARGE	₹ 11,800.00
10	OTHER ADDITION	₹ 20,835.00
11	PHARMACY CHARGE	₹ 44,015.00
12	PHYSIOTHERAPY	₹ 3,500.00
13	PROFESSIONAL TEAM FEES	₹ 33,000.00
14	RADIOLOGY	₹ 38,140.00
Gross Amount		₹ 328,131.00
Sanction Amount		₹ 297,494.00
Net Payable		₹ 328,131.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 25,000.00
Refund Amount		₹ 24,363.00

Received Amount in Words : Fifty-Five Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/31/2024	MMH/MH/REDH202419095	CHEQUE	Collected Amount	25,000.00
2	8/22/2024	MMH/MH/RECH202403239	CARD	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	24082400758	297,494.00