

IN PATIENT SUMMARY BILL

UHID	: MMH202477280	Bill No	: MMH/MH/IP202401185
IP No	: IP2024001195	Bill Date	: 03/06/2024
Patient name	: Mr.ANNA PILLAI B R	DOA	: 27/5/2024 5:55PM
Age	: 87 Y 5 M 22 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO
Consultant Name	: Dr.BASHEER AHMED ORTHO	TPA	: UNITED INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 5,458.00
6	NURSING CHARGE	₹ 4,000.00
7	OPERATION THEATRE CHARGES	₹ 11,620.00
8	OTHER ADDITION	₹ 3,915.94
9	PHARMACY CHARGE	₹ 74,057.06
10	PHYSIOTHERAPY	₹ 3,000.00
11	PROFESSIONAL TEAM FEES	₹ 137,000.00
12	RADIOLOGY	₹ 1,560.00
13	TRANSPORT	₹ 1,000.00

Gross Amount	₹ 270,961.00
Sanction Amount	₹ 73,488.00
Net Payable	₹ 270,961.00
Advance Amount	₹ 197,473.00
Received Amount	₹ 0.00

Received Amount in Words	: One Lakh Ninety-Seven Thousand Four Hundred Seventy-Three Only	SRINIVASAN
		Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	40,000.00
2	01/06/2024	MMH/MH/RECH2024020	CASH	Advance Amount	157,473.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15092836	73,488.00