

IN PATIENT SUMMARY BILL

UHID	: MMH202477378	Bill No	: MMH/MH/IP202401186
IP No	: IP2024001221	Bill Date	: 03/06/2024
Patient name	: Mrs.SUSILA J	DOA	: 30/5/2024 5:34PM
Age	: 73 Y 8 M 19 D/Female	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	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 7,878.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 11,500.00
8	OTHER ADDITION	₹ 1,747.23
9	PHARMACY CHARGE	₹ 49,177.77
10	PHYSIOTHERAPY	₹ 500.00
11	PROFESSIONAL TEAM FEES	₹ 123,000.00
12	RADIOLOGY	₹ 3,236.00
13	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 207,339.00
Sanction Amount		₹ 63,700.00
Net Payable		₹ 207,339.00
Advance Amount		₹ 143,639.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Forty-Three Thousand Six Hundred Thirty-Nine Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/05/2024	MMH/MH/RECH20240200	CARD	Advance Amount	40,000.00
2	02/06/2024	MMH/MH/RECH20240200	CARD	Advance Amount	103,639.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD10061568	63,700.00