

IN PATIENT SUMMARY BILL

UHID	: MMH202477385	Bill No	: MMH/MH/IP202401488
IP No	: IP2024001530	Bill Date	: 13/07/2024
Patient name	: Mr.SELVARAJ V	DOA	: 9/7/2024 11:49AM
Age	: 77 Y 10 M 27 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 173.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 774.00
7	PHARMACY CHARGE	₹ 14,948.00
8	PROFESSIONAL TEAM FEES	₹ 15,400.00
Gross Amount		₹ 34,295.00
Sanction Amount		₹ 10,944.00
Net Payable		₹ 34,295.00
Advance Amount		₹ 36,200.00
Received Amount		₹ 0.00
Refund Amount		₹ 12,849.00

Received Amount in Words : Thirty-Six Thousand Two Hundred Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402556	CASH	Advance Amount	3,000.00
2	7/9/2024	MMH/MH/RECH202402563	CASH	Advance Amount	33,200.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15-0000655934	10,944.00