

IN PATIENT SUMMARY BILL

UHID	: MMH202477385	Bill No	: MMH/MH/IP202401749
IP No	: IP2024001716	Bill Date	: 15/08/2024
Patient name	: Mr.SELVARAJ V	DOA	: 31/7/2024 11:11AM
Age	: 77 Y 11 M 30 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.AZMI SAUNDARYA	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	NURSING CHARGE	₹ 800.00
5	OTHER ADDITION	₹ 7,849.00
6	PHARMACY CHARGE	₹ 16,599.00
7	PROFESSIONAL TEAM FEES	₹ 14,300.00
Gross Amount		₹ 41,748.00
Sanction Amount		₹ 12,884.00
Net Payable		₹ 41,748.00
Advance Amount		₹ 25,700.00
Received Amount		₹ 12,849.00
Refund Amount		₹ 9,685.00

Received Amount in Words : Thirty-Eight Thousand Five Hundred Forty-Nine Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/31/2024	MMH/MH/RECH202402918	CASH	Advance Amount	3,000.00
2	7/31/2024	MMH/MH/RECH202402929	CASH	Advance Amount	22,700.00
3	8/15/2024	MMH/MH/REDH202417846	CHEQUE	Collected Amount	12,849.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI12-0000655934	12,884.00