

IN PATIENT SUMMARY BILL

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|-----------------|----------------------|-------------|---|
| UHID | : MMH202477385 | Bill No | : MMH/MH/IP202401832 |
| IP No | : IP2024001860 | Bill Date | : 26/08/2024 |
| Patient name | : Mr.SELVARAJ V | DOA | : 20/8/2024 11:24AM |
| Age | : 78 Y 0 M 10 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 | PHARMACY CHARGE | ₹ 16,921.00 |
| 7 | PROFESSIONAL TEAM FEES | ₹ 16,725.00 |
| Gross Amount | | ₹ 36,819.00 |
| Sanction Amount | | ₹ 11,085.00 |
| Net Payable | | ₹ 36,819.00 |
| Advance Amount | | ₹ 24,000.00 |
| Received Amount | | ₹ 9,685.00 |
| Refund Amount | | ₹ 7,951.00 |

Received Amount in Words : Thirty-Three Thousand Six Hundred Eighty-Five Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/26/2024 | MMH/MH/REDH202418638 | CHEQUE | Collected Amount | 9,685.00 |
| 2 | 8/20/2024 | MMH/MH/RECH202403220 | UPI | Advance Amount | 4,000.00 |
| 3 | 8/20/2024 | MMH/MH/RECH202403221 | CASH | Advance Amount | 20,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|-------------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MDI-15-0000655934 | 11,085.00 |