

IN PATIENT SUMMARY BILL

UHID	: MMH202477385	Bill No	: MMH/MH/IP202402224
IP No	: IP2024002249	Bill Date	: 15/10/2024
Patient name	: Mr.SELVARAJ V	DOA	: 9/10/2024 12:16PM
Age	: 78 Y 1 M 29 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.T.PALANIAPPAN		

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	₹ 16,654.00
7	PROFESSIONAL TEAM FEES	₹ 15,000.00
Gross Amount		₹ 34,827.00
Sanction Amount		₹ 16,585.00
Net Payable		₹ 34,827.00
Advance Amount		₹ 34,827.00
Received Amount		₹ 0.00
Refund Amount		₹ 16,585.00

Received Amount in Words : Thirty-Four Thousand Eight Hundred Twenty-Seven Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/RECH202403979	UPI	Advance Amount	9,827.00
2	10/9/2024	MMH/MH/RECH202403980	CARD	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5112162	16,585.00