IN PATIENT SUMMARY BILL

UHID : MHI202484193 : MMH/MH/IP202401485 Bill No

: IP2024001404 IP No Bill Date

: 13/07/2024 : 22/6/2024 7:54PM : Mrs.PAULINE Patient name DOA

: 57 Y 2 M 9 D/Female DOD Age

Entity Name INSURANCE
TPA : UNITED INDIA INSURANCE CO LTD

: MD INDIA PENSINOR AND STATE Consultant Name : Dr.T.PALANIAPPAN TPA

EMPLOYEE SCHEME

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	86,250.00
3	DIALYSIS / DIALYZER		₹	3,500.00
4	DIET CHARGES		₹	6,000.00
5	EQUIPMENT		₹	73,500.00
6	GENERAL PROCEDURE		₹	15,000.00
7	INTENSIVIST CHARGES		₹	34,500.00
8	LABORATORY		₹	51,563.00
9	NURSING CHARGE		₹	23,000.00
10	OTHER ADDITION		₹	1,334.00
11	PHARMACY CHARGE		₹	229,302.00
12	PHYSIOTHERAPY		₹	6,300.00
13	PROFESSIONAL TEAM FEES		₹	54,500.00
14	RADIOLOGY		₹	4,080.00
		Gross Amount	₹	589,179.00
		Sanction Amount	₹	113,196.00
		Net Payable	₹	589,179.00
		Advance Amount	₹	359,861.00
		Received Amount	₹	229,302.00
		Refund Amount	₹	113,180.00
ecceived Amount in Words : Five Lakh Eighty-Nine		hty-Nine Thousand One Hundred SUI	DHA.N	Л
	Sixty-Three 0	nly Authoris	ed Sig	nature

S.No Description Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/22/2024	MMH/MH/RECH202402318	UPI	Advance Amount	20,000.00
2	6/25/2024	MMH/MH/RECH202402356	UPI	Advance Amount	25,000.00
3	6/25/2024	MMH/MH/RECH202402357	UPI	Advance Amount	25,000.00
4	6/26/2024	MMH/MH/RECH202402363	CARD	Advance Amount	25,000.00
5	6/26/2024	MMH/MH/RECH202402364	UPI	Advance Amount	25,000.00
6	6/29/2024	MMH/MH/RECH202402416	UPI	Advance Amount	25,000.00
7	7/1/2024	MMH/MH/RECH202402443	UPI	Advance Amount	30,000.00
8	7/2/2024	MMH/MH/RECH202402465	UPI	Advance Amount	25,000.00
9	7/4/2024	MMH/MH/RECH202402492	UPI	Advance Amount	90,000.00
10	7/4/2024	MMH/MH/RECH202402493	UPI	Advance Amount	30,000.00
11	7/4/2024	MMH/MH/RECH202402494	UPI	Advance Amount	35,000.00
12	7/4/2024	MMH/MH/RECH202402496	CHEQUE	Advance Amount	4,861.00
13	7/13/2024	MMH/MH/REDH202415212	CHEQUE	Collected Amount	229,302.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15-0006311540	113,196.00