

IN PATIENT SUMMARY BILL

UHID	: MMH202477731	Bill No	: MMH/MH/IP202401289
IP No	: IP2024001293	Bill Date	: 18/06/2024
Patient name	: Mrs.KOMALA V	DOA	: 8/6/2024 12:05PM
Age	: 54 Y 0 M 10 D/Female	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	₹ 13,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 4,900.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 19,330.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 15,550.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROFESSIONAL TEAM FEES	₹ 38,000.00
13	RADIOLOGY	₹ 3,140.00
Gross Amount		₹ 105,020.00
Sanction Amount		₹ 21,840.00
Net Payable		₹ 105,020.00
Advance Amount		₹ 105,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 21,820.00

Received Amount in Words : One Lakh Five Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/8/2024	MMH/MH/RECH202402124	CASH	Advance Amount	30,000.00
2	6/8/2024	MMH/MH/RECH202402139	UPI	Advance Amount	20,000.00
3	6/13/2024	MMH/MH/RECH202402178	CASH	Advance Amount	55,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15-TNEHS-0001909585	21,840.00