

IN PATIENT SUMMARY BILL

UHID	:	MMH202479155	Bill No	:	MMH/MH/IP202402143
IP No	:	IP2024002127	Bill Date	:	05/10/2024
Patient name	:	Mr.KATHIRVEL M	DOA	:	23/9/2024 1:28PM
Age	:	68 Y 2 M 26 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	₹ 33,000.00
3	BLOOD COMPONENTS	₹ 5,600.00
4	DIET CHARGES	₹ 11,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,000.00
6	EQUIPMENT	₹ 3,350.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 54,667.00
9	NURSING CHARGE	₹ 9,600.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	OTHER ADDITION	₹ 60,084.00
12	PHARMACY CHARGE	₹ 51,182.00
13	PROCEDURE CHARGES	₹ 4,250.00
14	PROFESSIONAL TEAM FEES	₹ 47,300.00
15	RADIOLOGY	₹ 6,020.00
Gross Amount		₹ 305,403.00
Sanction Amount		₹ 297,355.00
Net Payable		₹ 305,403.00
Advance Amount		₹ 8,048.00
Received Amount		₹ 0.00

Received Amount in Words : Eight Thousand Forty-Eight Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/RECH202403910	CARD	Advance Amount	8,048.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	CHE-0924-PA-0003028, CHE-102	297,355.00