

IN PATIENT SUMMARY BILL

| | | | | | |
|-----------------|---|-----------------------|-------------|---|-------------------------------|
| UHID | : | MMH202479247 | Bill No | : | MMH/MH/IP202401961 |
| IP No | : | IP2024001963 | Bill Date | : | 13/09/2024 |
| Patient name | : | Mrs.AMBIKA VENKATESAN | DOA | : | 3/9/2024 11:19AM |
| Age | : | 52 Y 6 M 3 D/Female | DOD | : | |
| | | | Entity Type | : | Insurance |
| | | | Entity Name | : | UNITED INDIA INSURANCE CO LTD |
| Consultant Name | : | Dr.VIJAY ALAGAPPAN S | | | |

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 23,925.00 |
| 3 | DIET CHARGES | ₹ 3,800.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,625.00 |
| 5 | LABORATORY | ₹ 1,903.00 |
| 6 | NURSING CHARGE | ₹ 2,800.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 18,050.00 |
| 8 | OTHER ADDITION | ₹ 891.00 |
| 9 | PHARMACY CHARGE | ₹ 82,811.00 |
| 10 | PHYSIOTHERAPY | ₹ 2,600.00 |
| 11 | PROCEDURE CHARGES | ₹ 900.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 80,000.00 |
| 13 | RADIOLOGY | ₹ 936.00 |
| Tax Amount : | | 1,072.50 |
| Gross Amount | | ₹ 222,663.50 |
| Sanction Amount | | ₹ 215,115.00 |
| Net Payable | | ₹ 222,664.00 |
| Advance Amount | | ₹ 7,549.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Seven Thousand Five Hundred Forty-Nine Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 9/6/2024 | MMH/MH/RECH202403458 | CARD | Advance Amount | 7,549.00 |

| Medical Claim | Claim No | Sanction Amount |
|-------------------------------|-----------|-----------------|
| UNITED INDIA INSURANCE CO LTD | 124331917 | 215,115.00 |