

IN PATIENT SUMMARY BILL

UHID	: MMH202479392	Bill No	: MMH/MH/IP202401596
IP No	: IP2024001602	Bill Date	: 25/07/2024
Patient name	: Mrs.MAGESHWARI	DOA	: 17/7/2024 10:06AM
Age	: 53 Y 0 M 8 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.VIGNESH .M	TPA	: MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 5,213.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 19,150.00
10	OTHER ADDITION	₹ 1,824.00
11	PHARMACY CHARGE	₹ 17,835.00
12	PHYSIOTHERAPY	₹ 500.00
13	PROFESSIONAL TEAM FEES	₹ 53,000.00
Gross Amount		₹ 106,647.00
Sanction Amount		₹ 42,250.00
Net Payable		₹ 106,647.00
Advance Amount		₹ 106,647.00
Received Amount		₹ 0.00
Refund Amount		₹ 42,250.00

Received Amount in Words : One Lakh Six Thousand Six Hundred Forty-Seven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/19/2024	MMH/MH/RECH202402745	CASH	Advance Amount	106,647.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15-TNEHS-0001095700	42,250.00