

IN PATIENT SUMMARY BILL

UHID	:	MHP202401083	Bill No	:	MMH/MH/IP202402045
IP No	:	IP2024002024	Bill Date	:	23/09/2024
Patient name	:	Mrs.PADMAVATHI	DOA	:	11/9/2024 7:45PM
Age	:	35 Y 1 M 0 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.SHIVA KUMAR D			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 46,200.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,000.00
6	EQUIPMENT	₹ 18,000.00
7	INJECTION CHARGES	₹ 680.00
8	LABORATORY	₹ 28,397.00
9	NURSING CHARGE	₹ 9,600.00
10	OPERATION THEATRE CHARGES	₹ 71,954.00
11	PHARMACY CHARGE	₹ 71,325.00
12	PROCEDURE CHARGES	₹ 4,500.00
13	PROFESSIONAL TEAM FEES	₹ 390,000.00
14	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 657,506.00
Sanction Amount		₹ 240,000.00
Net Payable		₹ 657,506.00
Advance Amount		₹ 650,000.00
Received Amount		₹ 32,885.00
Refund Amount		₹ 265,379.00

Received Amount in Words : Six Lakh Eighty-Two Thousand Eight Hundred Eighty-Five Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/23/2024	MMH/MH/REDH202420948	CHEQUE	Collected Amount	32,885.00
2	9/16/2024	MMH/MH/RECH202403603	NEFT	Advance Amount	200,000.00
3	9/16/2024	MMH/MH/RECH202403604	NEFT	Advance Amount	200,000.00
4	9/11/2024	MMH/MH/RECH202403533	UPI	Advance Amount	30,000.00
5	9/11/2024	MMH/MH/RECH202403534	CARD	Advance Amount	100,000.00
6	9/11/2024	MMH/MH/RECH202403535	CARD	Advance Amount	100,000.00
7	9/12/2024	MMH/MH/RECH202403543	CARD	Advance Amount	20,000.00

S.No	Description	Amount
Medical Claim		Claim No
		Sanction Amount
UNITED INDIA INSURANCE CO LTD		MDI8147790
		240,000.00