

IN PATIENT SUMMARY BILL

UHID	: MMH202480805	Bill No	: MMH/MH/IP202402010
IP No	: IP2024001920	Bill Date	: 20/09/2024
Patient name	: Mrs.KAMAKSHI V	DOA	: 28/8/2024 8:18PM
Age	: 89 Y 0 M 11 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	₹ 34,800.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 42,300.00
6	INJECTION CHARGES	₹ 680.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 51,013.00
9	NURSING CHARGE	₹ 7,200.00
10	OPERATION THEATRE CHARGES	₹ 18,250.00
11	OTHER ADDITION	₹ 22,279.00
12	PHARMACY CHARGE	₹ 75,262.00
13	PHYSIOTHERAPY	₹ 7,400.00
14	PROCEDURE CHARGES	₹ 2,000.00
15	PROFESSIONAL TEAM FEES	₹ 51,100.00
16	RADIOLOGY	₹ 23,856.00
Gross Amount		₹ 347,865.00
Sanction Amount		₹ 146,381.00
Net Payable		₹ 347,865.00
Advance Amount		₹ 347,865.00
Received Amount		₹ 0.00
Refund Amount		₹ 146,381.00

Received Amount in Words	: Three Lakh Forty-Seven Thousand Eight Hundred Sixty-Five Only	SATHISH KUMAR.S Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/28/2024	MMH/MH/RECH202403327	CARD	Advance Amount	50,000.00
2	8/31/2024	MMH/MH/RECH202403363	CARD	Advance Amount	50,000.00
3	9/4/2024	MMH/MH/RECH202403425	CARD	Advance Amount	150,000.00
4	9/4/2024	MMH/MH/RECH202403426	CARD	Advance Amount	97,865.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15106519	146,381.00