IN PATIENT SUMMARY BILL

UHID : MMH202480959 Bill No : MMH/MH/IP202401945

: IP2024001933 : 11/09/2024 IP No Bill Date

: Mr.VICTOR SELVARAJ D : 30/8/2024 12:45PM Patient name DOA

DOD 54 Y 8 M 28 D/Male Age

: Insurance Entity Type

: UNITED INDIA INSURANCE CO LTD Entity Name

: MD INDIA PENSINOR AND STATE Consultant Name : Dr.VENKATACHALAM VEERAPPAN TPA

EMPLOYEE SCHEME

₹

₹

81,227.00

50,430.00

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	23,375.00
3	BLOOD COMPONENTS		₹	5,100.00
4	DUTY MEDICAL OFFICER CHARGE		₹	8,625.00
5	GENERAL PROCEEDURE		₹	2,500.00
6	INJECTION CHARGES		₹	200.00
7	LABORATORY		₹	4,517.00
8	NURSING CHARGE		₹	9,200.00
9	OPERATION THEATRE CHARGES		₹	19,850.00
10	OTHER ADDITION		₹	22,427.00
11	PHARMACY CHARGE		₹	49,153.00
12	PHYSIOTHERAPY		₹	500.00
13	PROFESSIONAL TEAM FEES		₹	35,000.00
		Gross Amount	₹	180,797.00
		Sanction Amount	₹	49,140.00
		Net Payable	₹	180,797.00

: One Lakh Thirty-One Thousand Six Hundred Fifty-Seven **Received Amount in Words SUDHA Authorised Signature**

Advance Amount

Received Amount

Only

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/REDH202419972	CHEQUE	Collected Amount	50,430.00
2	8/30/2024	MMH/MH/RECH202403351	CARD	Advance Amount	30,000.00
3	9/2/2024	MMH/MH/RECH202403388	CARD	Advance Amount	50,000.00
4	9/10/2024	MMH/MH/RECH202403511	CARD	Advance Amount	1,227.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD15-0006235216	49,140.00