

IN PATIENT SUMMARY BILL

UHID	:	MMH202481012	Bill No	:	MMH/MH/IP202401948
IP No	:	IP2024001946	Bill Date	:	11/09/2024
Patient name	:	Mrs.BAGKYALAKSHMI	DOA	:	1/9/2024 9:00AM
Age	:	88 Y 8 M 10 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.ARUN KUMAR.I	TPA	:	MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ACCOMMODATION	₹ 7,700.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 45,600.00
4	BLOOD COMPONENTS	₹ 8,150.00
5	DIET CHARGES	₹ 4,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 6,375.00
7	EQUIPMENT	₹ 32,100.00
8	GENERAL PROCEEDURE	₹ 2,400.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 42,732.00
11	NURSING CHARGE	₹ 13,400.00
12	OPERATION THEATRE CHARGES	₹ 12,450.00
13	OTHER ADDITION	₹ 46,822.00
14	PHARMACY CHARGE	₹ 119,012.00
15	PHYSIOTHERAPY	₹ 6,500.00
16	PROFESSIONAL TEAM FEES	₹ 72,600.00
17	RADIOLOGY	₹ 9,906.00
Gross Amount		₹ 439,097.00
Sanction Amount		₹ 209,548.00
Net Payable		₹ 439,097.00
Advance Amount		₹ 439,097.00
Received Amount		₹ 0.00
Refund Amount		₹ 209,548.00

Received Amount in Words : Four Lakh Thirty-Nine Thousand Ninety-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/1/2024	MMH/MH/RECH202403375	CARD	Advance Amount	50,000.00
2	9/9/2024	MMH/MH/RECH202403493	CARD	Advance Amount	200,000.00
3	9/9/2024	MMH/MH/RECH202403494	CARD	Advance Amount	50,000.00
4	9/9/2024	MMH/MH/RECH202403496	CARD	Advance Amount	139,097.00

S.No	Description	Amount
Medical Claim		Claim No
		Sanction Amount
UNITED INDIA INSURANCE CO LTD		MD15-0006238839
		209,548.00