

IN PATIENT SUMMARY BILL

UHID	:	MMH202481222	Bill No	:	MMH/MH/IP202402025
IP No	:	IP2024001990	Bill Date	:	21/09/2024
Patient name	:	Mrs.SANKARI A	DOA	:	6/9/2024 1:15PM
Age	:	90 Y 0 M 30 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.RENGAN.R.S	TPA	:	MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 31,500.00
3	DIET CHARGES	₹ 6,350.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
5	EQUIPMENT	₹ 600.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 173.00
8	NURSING CHARGE	₹ 6,000.00
9	OPERATION THEATRE CHARGES	₹ 19,550.00
10	OTHER ADDITION	₹ 3,702.00
11	PHARMACY CHARGE	₹ 29,893.00
12	PHYSIOTHERAPY	₹ 4,800.00
13	PROCEDURE CHARGES	₹ 2,000.00
14	PROFESSIONAL TEAM FEES	₹ 201,650.00
Gross Amount		₹ 312,393.00
Sanction Amount		₹ 63,375.00
Net Payable		₹ 312,393.00
Advance Amount		₹ 300,500.00
Received Amount		₹ 0.00
Refund Amount		₹ 51,482.00

Received Amount in Words : Three Lakh Five Hundred Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/RECH202403555	UPI	Advance Amount	95,400.00
2	9/6/2024	MMH/MH/RECH202403451	CARD	Advance Amount	30,000.00
3	9/6/2024	MMH/MH/RECH202403452	CARD	Advance Amount	100.00
4	9/12/2024	MMH/MH/RECH202403554	CARD	Advance Amount	75,000.00
5	9/12/2024	MMH/MH/RECH202403556	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5-0000051558	63,375.00