

IN PATIENT SUMMARY BILL

UHID	: MMH202481276	Bill No	: MMH/MH/IP202401962
IP No	: IP2024001997	Bill Date	: 13/09/2024
Patient name	: Mr.UDHAYAKUMAR K	DOA	: 9/9/2024 11:41AM
Age	: 29 Y 8 M 28 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.RENGAN.R.S		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	LABORATORY	₹ 2,153.00
5	NURSING CHARGE	₹ 2,800.00
6	OPERATION THEATRE CHARGES	₹ 7,550.00
7	OTHER ADDITION	₹ 18,068.00
8	PHARMACY CHARGE	₹ 18,080.00
9	PROCEDURE CHARGES	₹ 1,000.00
10	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 112,251.00
Sanction Amount		₹ 16,380.00
Net Payable		₹ 112,251.00
Advance Amount		₹ 95,871.00
Received Amount		₹ 18,080.00
Refund Amount		₹ 18,080.00

Received Amount in Words : One Lakh Thirteen Thousand Nine Hundred Fifty-One Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/13/2024	MMH/MH/REDH202420124	CHEQUE	Collected Amount	18,080.00
2	9/9/2024	MMH/MH/RECH202403484	UPI	Advance Amount	30,000.00
3	9/12/2024	MMH/MH/RECH202403562	UPI	Advance Amount	65,871.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD18147372	16,380.00