

IN PATIENT SUMMARY BILL

|                 |   |                   |             |   |                               |
|-----------------|---|-------------------|-------------|---|-------------------------------|
| UHID            | : | MMH202481417      | Bill No     | : | MMH/MH/IP202402157            |
| IP No           | : | IP2024002202      | Bill Date   | : | 07/10/2024                    |
| Patient name    | : | Mr.KUMAR L        | DOA         | : | 3/10/2024 4:50PM              |
| Age             | : | 53 Y 9 M 8 D/Male | DOD         | : |                               |
|                 |   |                   | Entity Type | : | Insurance                     |
|                 |   |                   | Entity Name | : | UNITED INDIA INSURANCE CO LTD |
| Consultant Name | : | Dr.CM THIAGARAJAN |             |   |                               |

| S.No                  | Description                 | Amount       |
|-----------------------|-----------------------------|--------------|
| 1                     | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2                     | BED CHARGES                 | ₹ 21,000.00  |
| 3                     | DIALYSIS / DIALYZER         | ₹ 2,600.00   |
| 4                     | DIET CHARGES                | ₹ 1,900.00   |
| 5                     | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00   |
| 6                     | EQUIPMENT                   | ₹ 8,000.00   |
| 7                     | LABORATORY                  | ₹ 25,840.00  |
| 8                     | NURSING CHARGE              | ₹ 1,600.00   |
| 9                     | OTHER ADDITION              | ₹ 19,554.00  |
| 10                    | PHARMACY CHARGE             | ₹ 6,974.00   |
| 11                    | PROFESSIONAL TEAM FEES      | ₹ 11,000.00  |
| 12                    | RADIOLOGY                   | ₹ 4,400.00   |
| Tax Amount : 1,050.00 |                             |              |
| Gross Amount          |                             | ₹ 105,768.00 |
| Sanction Amount       |                             | ₹ 99,315.00  |
| Net Payable           |                             | ₹ 105,768.00 |
| Advance Amount        |                             | ₹ 6,453.00   |
| Received Amount       |                             | ₹ 0.00       |

Received Amount in Words : Six Thousand Four Hundred Fifty-Three Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 10/5/2024    | MMH/MH/RECH202403914 | CARD         | Advance Amount | 6,453.00        |

| Medical Claim                 | Claim No   | Sanction Amount |
|-------------------------------|------------|-----------------|
| UNITED INDIA INSURANCE CO LTD | MDI8906508 | 99,315.00       |