IN PATIENT SUMMARY BILL

UHID	:	MMH202481467	Bill No	:	MMH/MH/IP202402202
IP No	:	IP2024002044	Bill Date	:	14/10/2024
Patient name	:	Mrs.NAPPINAI M	DOA	:	14/9/2024 12:55PM
Age	:	85 Y 1 M 0 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	127,500.00
3	BLOOD COMPONENTS	₹	14,450.00
4	DIET CHARGES	₹	8,500.00
5	EQUIPMENT	₹	247,350.00
6	INJECTION CHARGES	₹	200.00
7	INTENSIVIST CHARGES	₹	51,000.00
8	LABORATORY	₹	192,024.00
9	NURSING CHARGE	₹	34,000.00
10	OTHER ADDITION	₹	326,910.00
11	PHARMACY CHARGE	₹	450,695.00
12	PHYSIOTHERAPY	₹	14,700.00
13	PROCEDURE CHARGES	₹	9,000.00
14	PROFESSIONAL TEAM FEES	₹	78,400.00
15	RADIOLOGY	₹	30,440.00
16	TRANSPORT	₹	1,500.00

Gross Amount	₹	**1,587,019.00**
Sanction Amount	₹	**418,702.00**
Net Payable	₹	**1,587,019.00**
Advance Amount	₹	**1,305,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**136,683.00**

Received Amount in Words : Thirteen Lakh Five Thousand Only

SATHISH KUMAR.S
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MH/RECH202403845	NEFT	Advance Amount	490,000.00
2	9/30/2024	MMH/MH/RECH202403846	NEFT	Advance Amount	310,000.00
3	9/14/2024	MMH/MH/RECH202403580	UPI	Advance Amount	5,000.00
4	9/28/2024	MMH/MH/RECH202403811	UPI	Advance Amount	90,000.00
5	9/30/2024	MMH/MH/RECH202403828	UPI	Advance Amount	60,000.00
6	9/28/2024	MMH/MH/RECH202403812	CARD	Advance Amount	25,000.00
7	9/29/2024	MMH/MH/RECH202403821	CARD	Advance Amount	25,000.00
8	9/30/2024	MMH/MH/RECH202403843	CARD	Advance Amount	100,000.00
9	9/30/2024	MMH/MH/RECH202403844	CARD	Advance Amount	100,000.00
10	9/30/2024	MMH/MH/RECH202403847	CASH	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MD18862279	418,702.00