

IN PATIENT SUMMARY BILL

UHID	:	MMH202481586	Bill No	:	MMH/MH/IP202402057
IP No	:	IP2024002093	Bill Date	:	25/09/2024
Patient name	:	Mr.MURUGAPPAN	DOA	:	20/9/2024 10:05AM
Age	:	26 Y 3 M 29 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.VIJAYAN.J			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 9,597.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 10,050.00
9	OTHER ADDITION	₹ 9,299.00
10	PHARMACY CHARGE	₹ 15,614.00
11	PROFESSIONAL TEAM FEES	₹ 53,350.00
12	RADIOLOGY	₹ 3,140.00
Gross Amount		₹ 113,850.00
Sanction Amount		₹ 110,105.00
Net Payable		₹ 113,850.00
Advance Amount		₹ 9,045.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,300.00

Received Amount in Words : Nine Thousand Forty-Five Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/RECH202403668	UPI	Advance Amount	5,000.00
2	9/23/2024	MMH/MH/RECH202403715	CARD	Advance Amount	4,045.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	124680226	110,105.00