

IN PATIENT SUMMARY BILL

UHID	: MMH202481638	Bill No	: MMH/MH/IP202402081
IP No	: IP2024002088	Bill Date	: 27/09/2024
Patient name	: Mr.SRINIVASAN K	DOA	: 19/9/2024 6:47PM
Age	: 47 Y 8 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: UNITED INDIA INSURANCE CO LTD
Consultant Name	: Dr.BASHEER AHMED		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,600.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	LABORATORY	₹ 576.00
7	NURSING CHARGE	₹ 4,800.00
8	OPERATION THEATRE CHARGES	₹ 14,350.00
9	OTHER ADDITION	₹ 7,931.00
10	PHARMACY CHARGE	₹ 128,410.00
11	PHYSIOTHERAPY	₹ 2,000.00
12	PROCEDURE CHARGES	₹ 3,000.00
13	PROFESSIONAL TEAM FEES	₹ 183,650.00
14	RADIOLOGY	₹ 504.00
Gross Amount		₹ 359,671.00
Sanction Amount		₹ 86,119.00
Net Payable		₹ 359,671.00
Advance Amount		₹ 273,552.00
Received Amount		₹ 0.00

Received Amount in Words	: Two Lakh Seventy-Three Thousand Five Hundred Fifty-Two Only	KARTHICK Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MH/RECH202403746	UPI	Advance Amount	3,000.00
2	9/25/2024	MMH/MH/RECH202403749	UPI	Advance Amount	55,000.00
3	9/25/2024	MMH/MH/RECH202403750	UPI	Advance Amount	80,000.00
4	9/25/2024	MMH/MH/RECH202403751	UPI	Advance Amount	70,000.00
5	9/25/2024	MMH/MH/RECH202403752	UPI	Advance Amount	15,552.00
6	9/25/2024	MMH/MH/RECH202403748	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI8148769	86,119.00