

IN PATIENT SUMMARY BILL

UHID : MMH202482207

IP No : IP2024002187

Patient name : Mrs.KAMALA S

Age : 92 Y 0 M 11 D/Female

Bill No : MMH/MH/IP202402185

Bill Date : 11/10/2024

DOA : 1/10/2024 12:55AM

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	₹ 43,950.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	EQUIPMENT	₹ 15,000.00
7	INJECTION CHARGES	₹ 400.00
8	INTENSIVIST CHARGES	₹ 7,500.00
9	LABORATORY	₹ 33,244.00
10	NURSING CHARGE	₹ 9,800.00
11	OPERATION THEATRE CHARGES	₹ 13,470.00
12	OTHER ADDITION	₹ 11,712.00
13	PHARMACY CHARGE	₹ 133,786.00
14	PHYSIOTHERAPY	₹ 3,200.00
15	PROCEDURE CHARGES	₹ 2,950.00
16	PROFESSIONAL TEAM FEES	₹ 59,400.00
17	RADIOLOGY	₹ 21,126.00
18	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 367,438.00
Sanction Amount		₹ 132,537.00
Net Payable		₹ 367,438.00
Advance Amount		₹ 235,642.00
Received Amount		₹ 136,579.00
Refund Amount		₹ 137,320.00

Received Amount in Words : Three Lakh Seventy-Two Thousand Two Hundred Twenty-One Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2024	MMH/MH/REDH202422380	CHEQUE	Collected Amount	136,579.00
2	10/1/2024	MMH/MH/RECH202403850	UPI	Advance Amount	3,000.00
3	10/5/2024	MMH/MH/RECH202403918	UPI	Advance Amount	30,000.00
4	10/2/2024	MMH/MH/RECH202403875	CARD	Advance Amount	100,000.00
5	10/8/2024	MMH/MH/RECH202403959	CARD	Advance Amount	40,000.00
6	10/9/2024	MMH/MH/RECH202403963	CARD	Advance Amount	62,642.00

S.No	Description	Amount
------	-------------	--------

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5111755	132,537.00