

IN PATIENT SUMMARY BILL

UHID	:	MMH202482458	Bill No	:	MMH/MH/IP202402223
IP No	:	IP2024002254	Bill Date	:	15/10/2024
Patient name	:	Mrs.JEBAKUMARI RANI	DOA	:	9/10/2024 6:18PM
Age	:	83 Y 7 M 5 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	UNITED INDIA INSURANCE CO LTD
Consultant Name	:	Dr.SUBRAMANIYAM			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	BLOOD COMPONENTS	₹ 7,150.00
4	DIET CHARGES	₹ 4,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	EQUIPMENT	₹ 1,200.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 11,301.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 27,550.00
11	OTHER ADDITION	₹ 14,151.00
12	PHARMACY CHARGE	₹ 310,715.00
13	PHYSIOTHERAPY	₹ 3,600.00
14	PROCEDURE CHARGES	₹ 950.00
15	PROFESSIONAL TEAM FEES	₹ 110,000.00
16	RADIOLOGY	₹ 6,528.00
17	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 531,495.00
Sanction Amount		₹ 334,542.00
Net Payable		₹ 531,495.00
Advance Amount		₹ 196,953.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ninety-Six Thousand Nine Hundred Fifty-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/RECH202403982	CARD	Advance Amount	100,000.00
2	10/9/2024	MMH/MH/RECH202403983	CARD	Advance Amount	50,000.00
3	10/14/2024	MMH/MH/RECH202404030	CASH	Advance Amount	46,953.00

Medical Claim	Claim No	Sanction Amount
UNITED INDIA INSURANCE CO LTD	MDI5112272	334,542.00