

IN PATIENT SUMMARY BILL

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|-----------------|---|--------------------|-------------|---|--|
| UHID | : | MH34799 | Bill No | : | MMH/MH/IP202401585 |
| IP No | : | IP2024001491 | Bill Date | : | 24/07/2024 |
| Patient name | : | Mr.GOWTHAMAN | DOA | : | 4/7/2024 1:00PM |
| Age | : | 55 Y 1 M 29 D/Male | DOD | : | |
| Consultant Name | : | Dr.T.PALANIAPPAN | Entity Type | : | Insurance |
| | | | Entity Name | : | UNITED INDIA INSURANCE CO LTD |
| | | | TPA | : | MD INDIA PENSINOR AND STATE EMPLOYEE SCHEME |

| S.No | Description | Amount |
|------|-----------------------------|--------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 4,200.00 |
| 3 | DIET CHARGES | ₹ 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 5 | EQUIPMENT | ₹ 2,600.00 |
| 6 | GENERAL PROCEDURE | ₹ 1,000.00 |
| 7 | INJECTION CHARGES | ₹ 200.00 |
| 8 | LABORATORY | ₹ 18,191.00 |
| 9 | NURSING CHARGE | ₹ 800.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 7,000.00 |
| 11 | OTHER ADDITION | ₹ 14,710.00 |
| 12 | PHARMACY CHARGE | ₹ 13,833.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 18,000.00 |
| 14 | RADIOLOGY | ₹ 2,480.00 |
| | | ₹ 85,114.00 |
| | | ₹ 15,000.00 |
| | | ₹ 70,114.00 |
| | | ₹ 0.00 |
| | | ₹ 42,814.00 |

Remarks : Virugambakkam AC as per Dr.Palaniyappan sir instruction 15000
Discount given Remaining keep in credit

Received Amount in Words : Zero Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |