

IN PATIENT SUMMARY BILL

UHID	:	MH10912	Bill No	:	MMH/MH/IP202402206
IP No	:	IP2024002227	Bill Date	:	14/10/2024
Patient name	:	Mr.DAVID.T	DOA	:	7/10/2024 2:53PM
Age	:	63 Y 0 M 7 D/Male	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	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 23,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 11,879.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 10,700.00
9	OTHER ADDITION	₹ 200.00
10	PHARMACY CHARGE	₹ 26,796.00
11	PROCEDURE CHARGES	₹ 1,500.00
12	PROFESSIONAL TEAM FEES	₹ 22,500.00
13	RADIOLOGY	₹ 480.00
Gross Amount		₹ 106,055.00
Sanction Amount		₹ 21,840.00
Discount Amount		₹ 10,000.00
Net Payable		₹ 96,055.00
Advance Amount		₹ 74,215.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Four Thousand Two Hundred Fifteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MH/RECH202403936	UPI	Advance Amount	8,000.00
2	10/10/2024	MMH/MH/RECH202403989	CARD	Advance Amount	24,215.00
3	10/7/2024	MMH/MH/RECH202403935	CASH	Advance Amount	2,000.00
4	10/10/2024	MMH/MH/RECH202403988	CASH	Advance Amount	40,000.00