

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