

IN PATIENT SUMMARY BILL

UHID : MH44348

IP No : IP2024000038

Patient name : Mr.JAYARAMAN M

Age : 67/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP2024000056

Bill Date : 09/01/2024

DOA : 5/1/2024 11:13AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL

TPA : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 8,832.00
5	NURSING CHARGE	₹ 750.00
6	OTHER ADDITION	₹ 3,469.00
7	PHARMACY CHARGE	₹ 1,738.00
8	PROFESSIONAL FEES	₹ 1,100.00
9	RADIOLOGY	₹ 400.00
Gross Amount		₹ 21,539.00
Sanction Amount		₹ 19,827.00
Net Payable		₹ 21,539.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 2,200.00
Refund Amount		₹ 10,488.00

Received Amount in Words : Twelve Thousand Two Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240000	UPI	Advance Amount	10,000.00
2	09/01/2024	MMH/MH/REDH20240006	CHEQUE	Collected Amount	2,200.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	556222324675335	19,827.00