

IN PATIENT SUMMARY BILL

UHID : MH46001

IP No : IP2024002155

Patient name : Mr.GOPALAKRISHNAN

Age : 58/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202402191

Bill Date : 11/10/2024

DOA : 26/9/2024 9:59PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 99,325.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 72,900.00
6	INTENSIVIST CHARGES	₹ 24,000.00
7	LABORATORY	₹ 61,363.00
8	NURSING CHARGE	₹ 20,400.00
9	OP CHARGES	₹ 1,400.00
10	OTHER ADDITION	₹ 22,955.00
11	PHARMACY CHARGE	₹ 106,448.00
12	PHYSIOTHERAPY	₹ 11,100.00
13	PROFESSIONAL TEAM FEES	₹ 69,850.00
14	RADIOLOGY	₹ 19,130.00
Tax Amount : 1,966.25		Gross Amount ₹ 517,812.25
		Sanction Amount ₹ 377,685.00
		Net Payable ₹ 517,812.00
		Advance Amount ₹ 133,018.00
		Received Amount ₹ 20,000.00
		Refund Amount ₹ 12,891.00

Received Amount in Words : One Lakh Fifty-Three Thousand Eighteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2024	MMH/MH/REDH202422384	CHEQUE	Collected Amount	20,000.00
2	9/26/2024	MMH/MH/RECH202403775	CARD	Advance Amount	5,000.00
3	10/9/2024	MMH/MH/RECH202403969	CARD	Advance Amount	128,018.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241400212911	377,685.00