

IN PATIENT SUMMARY BILL

UHID : MH47351
IP No : IP2023002669
Patient name : Mrs.MEYAMMAI
Age : 71 Y 0 M 3 D/Female

Consultant Name : Dr.YUVARAJ K

Bill No : MMH/MH/IP00114
Bill Date : 10/12/2023
DOA : 7/12/2023 8:02PM
DOD :
Entity Type : Insurance
Entity Name : THE ORIENTAL
TPA : ~~INSURANCE~~ HEALTH
INSURANCE TPA PRIVATE
LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 2,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 27,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 3,216.00
9	NURSING CHARGE	₹ 1,500.00
10	OPERATION THEATRE CHARGES	₹ 9,850.00
11	OTHER ADDITION	₹ 10,740.00
12	PHARMACY CHARGE	₹ 14,392.00
13	PROFESSIONAL TEAM FEES	₹ 38,500.00
14	RADIOLOGY	₹ 3,480.00

Gross Amount	₹	122,128.00
Sanction Amount	₹	95,553.00
Net Payable	₹	122,128.00
Advance Amount	₹	26,575.00
Received Amount	₹	0.00

Received Amount in Words : Twenty-Six Thousand Five Hundred
Seventy-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 20:13:24.246	MMH/MH/RECH00225	CARD	Advance Amount	5,000.00
2	2023-12-10 12:40:50.216	MMH/MH/RECH00256	CARD	Advance Amount	21,575.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	DEL-1223-PA-0001093	95,553.00