

**IN PATIENT SUMMARY BILL**

|                 |   |                               |             |   |                        |
|-----------------|---|-------------------------------|-------------|---|------------------------|
| UHID            | : | MHI202378558                  | Bill No     | : | MMH/HM/IPH00423        |
| IP No           | : | IPH202302306                  | Bill Date   | : | 30/11/2023             |
| Patient name    | : | Ms.ZAINAB BAI GHOUSE MOHIDEEN | DOA         | : | 21/11/2023 12:28AM     |
| Age             | : | 64/Female                     | DOD         | : |                        |
|                 |   |                               | Entity Type | : | Insurance              |
|                 |   |                               | Entity Name | : | THE ORIENTAL INSURANCE |
| Consultant Name | : | Dr.G. GNANAVELU               |             |   |                        |

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 200.00     |
| 2               | BED CHARGES                 | ₹ 28,375.00  |
| 3               | CARDIOLOGY PACKAGE-HEART    | ₹ 34,556.00  |
| 4               | DIET CHARGES                | ₹ 15,900.00  |
| 5               | DUTY MEDICAL OFFICER CHARGE | ₹ 7,200.00   |
| 6               | GENERAL PROCEDURE           | ₹ 500.00     |
| 7               | IMPLANT                     | ₹ 136,428.00 |
| 8               | LABORATORY                  | ₹ 6,196.00   |
| 9               | MEDICAL RECORD CHARGE       | ₹ 200.00     |
| 10              | NURSING CHARGE              | ₹ 7,200.00   |
| 11              | OP REGISTRATION             | ₹ 150.00     |
| 12              | PHARMACY CHARGE             | ₹ 33,788.00  |
| 13              | PROFESSIONAL TEAM FEES      | ₹ 30,000.00  |
| 14              | RADIOLOGY                   | ₹ 21,100.00  |
| Gross Amount    |                             | ₹ 321,793.00 |
| Sanction Amount |                             | ₹ 257,383.00 |
| Net Payable     |                             | ₹ 321,793.00 |
| Advance Amount  |                             | ₹ 130,000.00 |
| Received Amount |                             | ₹ 0.00       |
| Refund Amount   |                             | ₹ 65,590.00  |

**Received Amount in Words** : One Lakh Thirty Thousand Only**IYAPPAN R**  
**Authorised Signature****Payment History**

| S.No | Receipt Date            | Receipt Code      | Payment Mode | Trans. Type    | Received Amount |
|------|-------------------------|-------------------|--------------|----------------|-----------------|
| 1    | 2023-11-21 00:32:17.563 | MMH/HM/RECAP00318 | UPI          | Advance Amount | 30,000.00       |
| 2    | 2023-11-28 10:40:28.770 | MMH/HM/RECAP00397 | UPI          | Advance Amount | 100,000.00      |

| Medical Claim          | Claim No  | Sanction Amount |
|------------------------|-----------|-----------------|
| THE ORIENTAL INSURANCE | 511111128 | 257,383.00      |