

IN PATIENT SUMMARY BILL

UHID	: MHI202379216	Bill No	: MMH/MH/IP202401115
IP No	: IP2024001111	Bill Date	: 24/05/2024
Patient name	: Mrs.KALAVATHI R	DOA	: 16/5/2024 1:39PM
Age	: 61 Y 10 M 9 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE ORIENTAL INSURANCE
Consultant Name	: Dr.CM THIAGARAJAN	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ACCOMMODATION	₹ 8,250.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 37,075.00
4	DIALYSIS / DIALYZER	₹ 10,300.00
5	DIET CHARGES	₹ 4,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
7	EQUIPMENT	₹ 33,000.00
8	GENERAL PROCEDURE	₹ 2,000.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 25,496.00
11	NURSING CHARGE	₹ 9,600.00
12	OTHER ADDITION	₹ 16,970.00
13	PHARMACY CHARGE	₹ 38,722.00
14	PHYSIOTHERAPY	₹ 700.00
15	PROFESSIONAL TEAM FEES	₹ 11,550.00
16	RADIOLOGY	₹ 16,250.00
Gross Amount		₹ 226,638.00
Sanction Amount		₹ 140,434.00
Net Payable		₹ 226,638.00
Advance Amount		₹ 47,482.00
Received Amount		₹ 38,722.00

Received Amount in Words : Eighty-Six Thousand Two Hundred Four Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	5,000.00
2	19/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	40,000.00
3	23/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	2,482.00
4	24/05/2024	MMH/MH/REDH2024110	CHEQUE	Collected Amount	38,722.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241200058964	140,434.00