

IN PATIENT SUMMARY BILL

UHID : MMH202371385

IP No : IP2023002607

Patient name : Mrs.CHITRA P

Age : 45 Y 0 M 5 D/Female

Consultant Name : Dr.BASHEER AHMED (ORTHO)

Bill No : MMH/MH/IP00054

Bill Date : 02/12/2023

DOA : 28/11/2023 7:46PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL

TPA : MEDIRASSET INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 720.00
6	NURSING CHARGE	₹ 1,500.00
7	OPERATION THEATRE CHARGES	₹ 14,550.00
8	OTHER ADDITION	₹ 9,600.00
9	PHARMACY CHARGE	₹ 39,301.00
10	PROFESSIONAL TEAM FEES	₹ 96,000.00
11	RADIOLOGY	₹ 720.00
Gross Amount		₹ 174,141.00
Sanction Amount		₹ 155,271.00
Net Payable		₹ 174,141.00
Advance Amount		₹ 18,870.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand Eight Hundred Seventy Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 18:33:04.586	MMH/MH/RECH00138	CARD	Advance Amount	18,870.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	35509195	155,271.00