

IN PATIENT SUMMARY BILL

UHID : MMH202371442
IP No : IP2023002614
Patient name : Mr.PALANIAPPAN M
Age : 64 Y 11 M 7 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP00070
Bill Date : 03/12/2023
DOA : 30/11/2023 11:08AM
DOD :
Entity Type : Insurance
Entity Name : THE ORIENTAL
TPA : THE ORIENTAL
INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 12,536.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 3,700.00
10	OTHER ADDITION	₹ 3,541.00
11	PHARMACY CHARGE	₹ 14,927.00
12	PROFESSIONAL TEAM FEES	₹ 34,100.00
13	RADIOLOGY	₹ 2,700.00

Gross Amount ₹ **86,854.00**
Sanction Amount ₹ **69,085.00**
Net Payable ₹ **86,854.00**
Advance Amount ₹ **17,769.00**
Received Amount ₹ **0.00**

Received Amount in Words : Seventeen Thousand Seven Hundred
Sixty-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 19:03:40.533	MMH/MH/RECH00171	CARD	Advance Amount	17,769.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	DEL-1223-PA-0000132	69,085.00