

**IN PATIENT SUMMARY BILL**

UHID : MMH202371759  
IP No : IP2023002676  
Patient name : Mr.JOSEPH CHANDRASEKAR  
Age : 74 Y 7 M 27 D/Male

Bill No : MMH/MH/IP00122  
Bill Date : 12/12/2023  
DOA : 8/12/2023 5:03PM  
DOD :  
Entity Type : Insurance  
Entity Name : THE ORIENTAL  
TPA : INSURANCE

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 5,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 22,990.00
8	NURSING CHARGE	₹ 4,750.00
9	OTHER ADDITION	₹ 9,111.00
10	PHARMACY CHARGE	₹ 15,306.00
11	PROFESSIONAL TEAM FEES	₹ 6,600.00
12	RADIOLOGY	₹ 9,650.00
13	TRANSPORT	₹ 1,500.00

<b>Gross Amount</b>	₹ 101,657.00
<b>Sanction Amount</b>	₹ 60,214.00
<b>Net Payable</b>	₹ 101,657.00
<b>Advance Amount</b>	₹ 50,000.00
<b>Received Amount</b>	₹ 13,619.00
<b>Refund Amount</b>	₹ 22,176.00

**Received Amount in Words** : Sixty-Three Thousand Six Hundred Nineteen  
Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-08 17:22:25.700	MMH/MH/RECH00235	CARD	Advance Amount	50,000.00
2	2023-12-12 16:20:49.420	MMH/MH/REDH01410	CHEQUE	Collected Amount	13,619.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	54522232463913	60,214.00