

**IN PATIENT SUMMARY BILL**

UHID : MHI202381290  
IP No : IPH202302516  
Patient name : Mr.ANANTHA KRISHNAN.P.N  
Age : 79 Y 1 M 29 D/Male

Bill No : MMH/HM/IPH00603  
Bill Date : 26/12/2023  
DOA : 15/12/2023 12:15PM  
DOD :  
Entity Type : Insurance  
Entity Name : THE ORIENTAL  
TPA : INSURANCE

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 57,150.00
3	BLOOD COMPONENTS	₹ 2,000.00
4	DIET CHARGES	₹ 8,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 17,800.00
7	GENERAL PROCEDURE	₹ 3,500.00
8	INTENSIVIST CHARGES	₹ 7,500.00
9	LABORATORY	₹ 47,731.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 61,543.00
14	PHYSIOTHERAPY	₹ 2,100.00
15	PROFESSIONAL TEAM FEES	₹ 27,780.00
16	RADIOLOGY	₹ 3,684.00
Gross Amount		₹ 253,138.00
Sanction Amount		₹ 222,868.00
Net Payable		₹ 253,138.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 19,730.00

Received Amount in Words : Fifty Thousand Only

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/12/2023	MMH/HM/RECAP00555	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	55622324649301	222,868.00