## IN PATIENT SUMMARY BILL

: MMH/HM/IPH00663 : MHI202381407 UHID Bill No

: IPH202302557 : 31/12/2023 IP No Bill Date

· Mrs.LEELA BOTHRA : 20/12/2023 12:03PM DOA Patient name

: 63 Y 1 M 26 D/Female DOD Age

: Insurance Entity Type

: THE ORIENTAL Entity Name

Consultant Name : Dr.T.PALANIAPPAN TPA · BASTURWN CETPA

| S.No | Description                 |                 |           | Amount     |
|------|-----------------------------|-----------------|-----------|------------|
| 1    | ADMINISTRATION CHARGES      | ₹               | 1,800.00  |            |
| 2    | BED CHARGES                 |                 |           | 43,500.00  |
| 3    | DIET CHARGES                | ₹               | 6,000.00  |            |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹               | 6,000.00  |            |
| 5    | GENERAL PROCEDURE           | ₹               | 6,000.00  |            |
| 6    | LABORATORY                  | ₹               | 18,529.00 |            |
| 7    | MEDICAL RECORD CHARGE       |                 |           | 500.00     |
| 8    | NURSING CHARGE              |                 |           | 4,000.00   |
| 9    | OP REGISTRATION             |                 |           | 500.00     |
| 10   | PHARMACY CHARGE             |                 |           | 25,633.00  |
| 11   | PODIATRY                    |                 | ₹         | 3,000.00   |
| 12   | PROFESSIONAL TEAM FEES      |                 |           | 53,226.00  |
| 13   | PULMONOLOGIST               |                 | ₹         | 5,000.00   |
| 14   | RADIOLOGY                   |                 | ₹         | 20,780.00  |
| 15   | ULTRASOUND                  |                 | ₹         | 3,000.00   |
| Tax  | <b>Amount</b> : 2,175.00    | Gross Amount    | ₹         | 199,643.00 |
|      |                             | Sanction Amount | ₹         | 89,594.00  |
|      |                             | Net Payable     | ₹         | 199,643.00 |

**Received Amount** 110,049.00

: One Lakh Ten Thousand Forty-Nine Only IYAPPAN R Received Amount in Words

**Authorised Signature** 

## **Payment History**

| S.No | Receipt Date | Receipt Code      | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|-------------------|--------------|------------------|-----------------|
| 1    | 31/12/2023   | MMH/HM/RECBD05207 | NEFT         | Collected Amount | 110,049.00      |

| Medical Claim          | Claim No   | Sanction Amount |
|------------------------|------------|-----------------|
| THE ORIENTAL INSURANCE | OR-14-1042 | 89,594.00       |