

IN PATIENT SUMMARY BILL

UHID : MMH202472950

IP No : IP2024001960

Patient name : Mr.SRI GANESH S

Age : 20 Y 0 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401959

Bill Date : 13/09/2024

DOA : 2/9/2024 10:30PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,650.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 2,000.00
6	LABORATORY	₹ 22,435.00
7	NURSING CHARGE	₹ 2,400.00
8	OTHER ADDITION	₹ 3,720.00
9	PHARMACY CHARGE	₹ 10,252.00
10	PROFESSIONAL TEAM FEES	₹ 14,850.00
11	RADIOLOGY	₹ 6,660.00
Gross Amount		₹ 79,567.00
Sanction Amount		₹ 77,613.00
Net Payable		₹ 79,567.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,046.00

Received Amount in Words : Three Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/2/2024	MMH/MH/RECH202403399	UPI	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39556173	77,613.00