

IN PATIENT SUMMARY BILL

UHID : MHI202481801

IP No : IPH2024000235

Patient name : Mrs.PRIYADHARSHINI S

Age : 57 Y 8 M 30 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400253

Bill Date : 03/02/2024

DOA : 1/2/2024 10:58AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 1,100.00
3	BED CHARGES	₹ 12,450.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DIET CHARGES	₹ 3,100.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
7	EQUIPMENT	₹ 1,000.00
8	GENERAL PROCEDURE	₹ 1,448.00
9	IMPLANT	₹ 85,855.00
10	INTENSIVIST CHARGES	₹ 2,500.00
11	LABORATORY	₹ 1,146.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 2,800.00
14	OP REGISTRATION	₹ 150.00
15	PHARMACY CHARGE	₹ 15,612.00
16	PROFESSIONAL TEAM FEES	₹ 40,000.00
17	RADIOLOGY	₹ 960.00
Gross Amount		₹ 190,071.00
Sanction Amount		₹ 185,571.00
Net Payable		₹ 190,071.00
Advance Amount		₹ 4,500.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Five Hundred Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/02/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	4,500.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	***	185,571.00