

IN PATIENT SUMMARY BILL

UHID : MMH202473795

IP No : IP2024000438

Patient name : Mrs.YAMUNAA MANI

Age : 33 Y 5 M 4 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202400453

Bill Date : 29/02/2024

DOA : 26/2/2024 10:20AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : HEALTH INSURANCE TPA LTD

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 4,200.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 4 | EQUIPMENT | ₹ 5,000.00 |
| 5 | GENERAL PROCEDURE | ₹ 450.00 |
| 6 | NURSING CHARGE | ₹ 800.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 11,350.00 |
| 8 | OTHER ADDITION | ₹ 3,529.00 |
| 9 | PHARMACY CHARGE | ₹ 29,573.00 |
| 10 | PHYSIOTHERAPY | ₹ 1,200.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 39,600.00 |
| Gross Amount | | ₹ 96,802.00 |
| Sanction Amount | | ₹ 89,762.00 |
| Net Payable | | ₹ 96,802.00 |
| Advance Amount | | ₹ 7,040.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Seven Thousand Forty Only

DINESH

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 26/02/2024 | MMH/MH/RECH20240070 | UPI | Advance Amount | 5,000.00 |
| 2 | 27/02/2024 | MMH/MH/RECH20240070 | CASH | Advance Amount | 2,040.00 |

| Medical Claim | Claim No | Sanction Amount |
|------------------------|--------------|-----------------|
| THE ORIENTAL INSURANCE | 231400342848 | 89,762.00 |