

IN PATIENT SUMMARY BILL

UHID	: MHI202482583	Bill No	: MMH/HM/IPH202400786
IP No	: IPH2024000759	Bill Date	: 04/04/2024
Patient name	: Mr.ANTONY CRUZ L	DOA	: 30/3/2024 6:00PM
Age	: 78 Y 1 M 2 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE ORIENTAL INSURANCE
Consultant Name	: Dr.K.JAISHANKAR	TPA	: HEALTH INSURANCE TPA HITPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 24,900.00
3	DIET CHARGES	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 26,800.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 23,614.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 5,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 38,911.00
13	PROFESSIONAL TEAM FEES	₹ 41,531.00
14	RADIOLOGY	₹ 6,250.00

Gross Amount	₹ 180,356.00
Sanction Amount	₹ 174,043.00
Net Payable	₹ 180,356.00
Advance Amount	₹ 50,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 43,687.00

Received Amount in Words : Fifty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	50,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241400000455	174,043.00