

IN PATIENT SUMMARY BILL

UHID	: MMH202474386	Bill No	: MMH/MH/IP202401035
IP No	: IP2024001060	Bill Date	: 12/05/2024
Patient name	: Mr.SARAVANAN M	DOA	: 9/5/2024 10:50AM
Age	: 50 Y 2 M 7 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE ORIENTAL INSURANCE
Consultant Name	: Dr.ARUNKUMAR.I	TPA	: FHPL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 5,000.00
5	LABORATORY	₹ 173.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 10,050.00
8	OTHER ADDITION	₹ 3,999.00
9	PHARMACY CHARGE	₹ 63,023.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 63,800.00
12	RADIOLOGY	₹ 1,080.00
Gross Amount		₹ 160,175.00
Sanction Amount		₹ 148,798.00
Net Payable		₹ 160,175.00
Advance Amount		₹ 11,377.00
Received Amount		₹ 0.00

Received Amount in Words	: Eleven Thousand Three Hundred Seventy-Seven Only	KARTHIK C Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	3,000.00
2	11/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	8,377.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	24050601524	148,798.00