

IN PATIENT SUMMARY BILL

UHID	: MMH202474441	Bill No	: MMH/MH/IP202400731
IP No	: IP2024000664	Bill Date	: 04/04/2024
Patient name	: Mr.SURENDRA B	DOA	: 22/3/2024 1:38PM
Age	: 72 Y 8 M 13 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE ORIENTAL INSURANCE
Consultant Name	: Dr.ARUNKUMAR.I	TPA	: HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 54,450.00
3	DIET CHARGES	₹ 5,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 8,250.00
5	GENERAL PROCEDURE	₹ 1,400.00
6	INJECTION CHARGES	₹ 1,800.00
7	LABORATORY	₹ 6,452.00
8	NURSING CHARGE	₹ 8,800.00
9	OPERATION THEATRE CHARGES	₹ 33,400.00
10	OTHER ADDITION	₹ 748.00
11	PHARMACY CHARGE	₹ 290,838.00
12	PHYSIOTHERAPY	₹ 13,000.00
13	PROFESSIONAL TEAM FEES	₹ 71,500.00
14	RADIOLOGY	₹ 4,160.00

Gross Amount	₹ 500,748.00
Sanction Amount	₹ 479,168.00
Net Payable	₹ 500,748.00
Advance Amount	₹ 21,580.00
Received Amount	₹ 0.00

Received Amount in Words	: Twenty-One Thousand Five Hundred Eighty Only	DINESH
		Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	5,000.00
2	02/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	16,580.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	231400377174	479,168.00