

IN PATIENT SUMMARY BILL

UHID : MMH202475130

IP No : IP2024000663

Patient name : Mrs.NEELAVATHI B

Age : 54 Y 2 M 22 D/Female

Consultant Name : Dr.KUMAR GK

Bill No : MMH/MH/IP202400618

Bill Date : 23/03/2024

DOA : 22/3/2024 12:11PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : HEALTH INDIA TP PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 316.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	OTHER ADDITION	₹ 52.00
9	PHARMACY CHARGE	₹ 4,002.00
10	PROFESSIONAL FEES	₹ 47,300.00
Gross Amount		₹ 61,520.00
Sanction Amount		₹ 52,446.00
Net Payable		₹ 61,520.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 926.00

Received Amount in Words : Ten Thousand 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	UPI	Advance Amount	10,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	HI-OIC-002732862	52,446.00