

IN PATIENT SUMMARY BILL

UHID	:	MHP202400651	Bill No	:	MMH/MH/IP202401347
IP No	:	IP2024001317	Bill Date	:	25/06/2024
Patient name	:	Mr.BALAKRISHNAN	DOA	:	12/6/2024 12:55PM
Age	:	62 Y 2 M 21 D/Male	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE ORIENTAL INSURANCE
Consultant Name	:	Dr.SUPRAJA K	TPA	:	VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 33,000.00
3	DIET CHARGES	₹ 6,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 9,000.00
5	LABORATORY	₹ 14,559.00
6	NURSING CHARGE	₹ 9,600.00
7	OTHER ADDITION	₹ 2,034.00
8	PACKAGE	₹ 10,000.00
9	PHARMACY CHARGE	₹ 28,648.00
10	PROFESSIONAL TEAM FEES	₹ 27,500.00
11	RADIOLOGY	₹ 792.00
Gross Amount		₹ 141,483.00
Sanction Amount		₹ 106,246.00
Net Payable		₹ 141,483.00
Advance Amount		₹ 35,237.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Five Thousand Two Hundred Thirty-Seven Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/12/2024	MMH/MH/RECH202402166	CARD	Advance Amount	10,000.00
2	6/23/2024	MMH/MH/RECH202402331	CARD	Advance Amount	25,237.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	BLR-0624-PA-0007076	106,246.00