

IN PATIENT SUMMARY BILL

UHID : MMH202476266
IP No : IP2024000975
Patient name : Mrs.ASHA.F
Age : 31 Y 8 M 20 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202400938
Bill Date : 30/04/2024
DOA : 27/4/2024 11:10PM
DOD :
Entity Type : Insurance
Entity Name : THE ORIENTAL INSURANCE
TPA : FHPL HEALTH PLAN TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 10,210.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 5,100.00
10	OTHER ADDITION	₹ 2,151.00
11	PHARMACY CHARGE	₹ 6,645.00
12	PROFESSIONAL TEAM FEES	₹ 72,600.00
13	RADIOLOGY	₹ 1,200.00

Gross Amount ₹ 116,706.00
Sanction Amount ₹ 113,632.00
Net Payable ₹ 116,706.00
Advance Amount ₹ 5,000.00
Received Amount ₹ 0.00
Refund Amount ₹ 1,926.00

Received Amount in Words : Five Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/04/2024	MMH/MH/RECH2024015	UPI	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	24042901257	113,632.00