

IN PATIENT SUMMARY BILL

UHID : MMH202476911

IP No : IP2024001096

Patient name : Dr.REGINALD J

Age : 79 Y 9 M 18 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401293

Bill Date : 19/06/2024

DOA : 13/5/2024 5:28PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : GOOD HEALTH TPA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 100,800.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIALYSIS / DIALYZER	₹ 28,600.00
5	DIET CHARGES	₹ 5,438.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 18,000.00
7	EQUIPMENT	₹ 135,700.00
8	LABORATORY	₹ 50,545.00
9	MISCELLANEOUS	₹ 200.00
10	NURSING CHARGE	₹ 19,200.00
11	OTHER ADDITION	₹ 56,720.00
12	PACKAGE	₹ 40,000.00
13	PHARMACY CHARGE	₹ 190,928.00
14	PHYSIOTHERAPY	₹ 2,700.00
15	PROFESSIONAL TEAM FEES	₹ 72,600.00
16	PULMONOLOGIST	₹ 1,500.00
17	RADIOLOGY	₹ 17,200.00
Gross Amount		₹ 743,031.00
Sanction Amount		₹ 177,127.00
Net Payable		₹ 743,031.00
Advance Amount		₹ 600,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 34,096.00

Received Amount in Words : Six Lakh Zero Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MH/RECH202402093	CARD	Advance Amount	600,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	24052200115	177,127.00