

IN PATIENT SUMMARY BILL

UHID	:	MMH202477133	Bill No	:	MMH/MH/IP202401218
IP No	:	IP2024001169	Bill Date	:	07/06/2024
Patient name	:	Mrs.MARY IMMACULATE.M	DOA	:	24/5/2024 2:00AM
Age	:	29 Y 11 M 4 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE ORIENTAL INSURANCE
Consultant Name	:	Dr.PADMANABHAN K	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 17,558.00
5	NURSING CHARGE	₹ 1,600.00
6	OTHER ADDITION	₹ 1,331.00
7	PHARMACY CHARGE	₹ 8,270.00
8	PROFESSIONAL TEAM FEES	₹ 7,150.00
9	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 42,359.00
Sanction Amount		₹ 41,163.00
Net Payable		₹ 42,359.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 5,155.00
Refund Amount		₹ 8,959.00

Received Amount in Words : Ten Thousand One Hundred Fifty-Five Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	5/24/2024	MMH/MH/RECH202401887	UPI	Advance Amount	5,000.00
2	6/7/2024	MMH/MH/REDH202412224	CHEQUE	Collected Amount	5,155.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	38067067	41,163.00