

IN PATIENT SUMMARY BILL

UHID	: MMH202477133	Bill No	: MMH/MH/IP202401110
IP No	: IP2024001142	Bill Date	: 24/05/2024
Patient name	: Mrs.MARY IMMACULATE.M	DOA	: 20/5/2024 9:50PM
Age	: 29 Y 10 M 21 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	₹ 3,300.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 17,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 4,071.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 9,700.00
11	OTHER ADDITION	₹ 809.00
12	PHARMACY CHARGE	₹ 22,145.00
13	PROFESSIONAL TEAM FEES	₹ 43,450.00

Gross Amount	₹ 107,175.00
Sanction Amount	₹ 50,000.00
Net Payable	₹ 107,175.00
Advance Amount	₹ 57,175.00
Received Amount	₹ 0.00

Received Amount in Words	: Fifty-Seven Thousand One Hundred Seventy-Five Only	SRINIVASAN Authorised Signature
--------------------------	---	------------------------------------

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	30,000.00
2	23/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	27,175.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	xxxx	50,000.00