

IN PATIENT SUMMARY BILL

|                 |                        |             |                                |
|-----------------|------------------------|-------------|--------------------------------|
| UHID            | : MMH202477255         | Bill No     | : MMH/MH/IP202401183           |
| IP No           | : IP2024001222         | Bill Date   | : 01/06/2024                   |
| Patient name    | : Mr.NIKHILL KANNAAH R | DOA         | : 31/5/2024 8:33PM             |
| Age             | : 19 Y 8 M 14 D/Male   | DOD         | :                              |
|                 |                        | Entity Type | : Insurance                    |
|                 |                        | Entity Name | : THE ORIENTAL INSURANCE       |
| Consultant Name | : Dr.GOWRI SHANKAR.M   | TPA         | : MEDIASSIST INDIA TPA PVT LTD |

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2    | BED CHARGES                 | ₹ 8,400.00  |
| 3    | DIET CHARGES                | ₹ 1,000.00  |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00  |
| 5    | EQUIPMENT                   | ₹ 2,500.00  |
| 6    | INJECTION CHARGES           | ₹ 200.00    |
| 7    | LABORATORY                  | ₹ 5,703.00  |
| 8    | NURSING CHARGE              | ₹ 1,600.00  |
| 9    | OPERATION THEATRE CHARGES   | ₹ 15,150.00 |
| 10   | OTHER ADDITION              | ₹ 4,283.00  |
| 11   | PHARMACY CHARGE             | ₹ 9,556.00  |
| 12   | PROFESSIONAL TEAM FEES      | ₹ 66,000.00 |

|                 |              |
|-----------------|--------------|
| Gross Amount    | ₹ 116,242.00 |
| Sanction Amount | ₹ 111,694.00 |
| Net Payable     | ₹ 116,242.00 |
| Advance Amount  | ₹ 5,000.00   |
| Received Amount | ₹ 0.00       |
| Refund Amount   | ₹ 452.00     |

Received Amount in Words : Five Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 31/05/2024   | MMH/MH/RECH2024020 | CARD         | Advance Amount | 5,000.00        |

| Medical Claim          | Claim No  | Sanction Amount |
|------------------------|-----------|-----------------|
| THE ORIENTAL INSURANCE | 121928719 | 111,694.00      |