

IN PATIENT SUMMARY BILL

|                 |                       |             |                                |
|-----------------|-----------------------|-------------|--------------------------------|
| UHID            | : MMH202477307        | Bill No     | : MMH/MH/IP202401178           |
| IP No           | : IP2024001198        | Bill Date   | : 31/05/2024                   |
| Patient name    | : Mr.DEIVEEGAN.R      | DOA         | : 27/5/2024 11:45PM            |
| Age             | : 43 Y 10 M 23 D/Male | DOD         | :                              |
|                 |                       | Entity Type | : Insurance                    |
|                 |                       | Entity Name | : THE ORIENTAL INSURANCE       |
| Consultant Name | : Dr.DURAI RAVI       | TPA         | : FHPL HEALTH PLAN TPA PVT LTD |

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 8,400.00   |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00   |
| 4               | LABORATORY                  | ₹ 9,000.00   |
| 5               | NURSING CHARGE              | ₹ 1,600.00   |
| 6               | OPERATION THEATRE CHARGES   | ₹ 7,350.00   |
| 7               | OTHER ADDITION              | ₹ 16,578.00  |
| 8               | PHARMACY CHARGE             | ₹ 11,670.00  |
| 9               | PROFESSIONAL TEAM FEES      | ₹ 44,000.00  |
| 10              | RADIOLOGY                   | ₹ 1,200.00   |
| Gross Amount    |                             | ₹ 101,648.00 |
| Sanction Amount |                             | ₹ 85,350.00  |
| Net Payable     |                             | ₹ 101,648.00 |
| Advance Amount  |                             | ₹ 16,298.00  |
| Received Amount |                             | ₹ 0.00       |

Received Amount in Words : Sixteen Thousand Two Hundred Ninety-Eight Only

SRINIVASAN  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code        | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1    | 27/05/2024   | MMH/MH/RECH20240190 | UPI          | Advance Amount | 5,000.00        |
| 2    | 29/05/2024   | MMH/MH/RECH20240190 | CARD         | Advance Amount | 11,298.00       |

| Medical Claim          | Claim No    | Sanction Amount |
|------------------------|-------------|-----------------|
| THE ORIENTAL INSURANCE | 24052901899 | 85,350.00       |