

IN PATIENT SUMMARY BILL

UHID	:	MHP202400896	Bill No	:	MMH/MH/IP202401660
IP No	:	IP2024001703	Bill Date	:	01/08/2024
Patient name	:	Mrs.KANYAKUMARI BASKARAN	DOA	:	30/7/2024 10:55AM
Age	:	64 Y 5 M 10 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE ORIENTAL INSURANCE
Consultant Name	:	Dr.T.PALANIAPPAN	TPA	:	MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	NURSING CHARGE	₹ 1,600.00
6	OTHER ADDITION	₹ 4,100.00
7	PHARMACY CHARGE	₹ 137,747.00
8	PROFESSIONAL FEES	₹ 22,000.00
Gross Amount		₹ 170,997.00
Sanction Amount		₹ 140,177.00
Net Payable		₹ 170,997.00
Advance Amount		₹ 30,820.00
Received Amount		₹ 0.00

Received Amount in Words : KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MH/RECH202402897	CARD	Advance Amount	3,000.00
2	8/1/2024	MMH/MH/RECH202402939	CARD	Advance Amount	27,820.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39032824	140,177.00