

IN PATIENT SUMMARY BILL

UHID : MHP202400896

IP No : IP2024001888

Patient name : Mrs.KANYAKUMARI BASKARAN

Age : 64 Y 6 M 3 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401830

Bill Date : 25/08/2024

DOA : 23/8/2024 8:12AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,375.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	NURSING CHARGE	₹ 400.00
6	OTHER ADDITION	₹ 1,849.00
7	PHARMACY CHARGE	₹ 30,146.00
8	PROFESSIONAL TEAM FEES	₹ 20,900.00
9	RADIOLOGY	₹ 660.00
Gross Amount		₹ 56,555.00
Sanction Amount		₹ 46,365.00
Net Payable		₹ 56,555.00
Advance Amount		₹ 10,190.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand One Hundred Ninety Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/24/2024	MMH/MH/RECH202403270	CARD	Advance Amount	10,190.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39321599	46,365.00