

IN PATIENT SUMMARY BILL

UHID : MHP202400896

IP No : IP2024002037

Patient name : Mrs.KANYAKUMARI BASKARAN

Age : 64 Y 6 M 23 D/Female

Bill No : MMH/MH/IP202401967

Bill Date : 14/09/2024

DOA : 13/9/2024 8:25AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 519.00
5	NURSING CHARGE	₹ 800.00
6	OTHER ADDITION	₹ 7,150.00
7	PHARMACY CHARGE	₹ 158,408.00
8	PROFESSIONAL TEAM FEES	₹ 16,500.00
Gross Amount		₹ 188,677.00
Sanction Amount		₹ 154,714.00
Net Payable		₹ 188,677.00
Advance Amount		₹ 33,963.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Three Thousand Nine Hundred Sixty-Three Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/14/2024	MMH/MH/RECH202403575	CARD	Advance Amount	33,963.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39687074	154,714.00