

IN PATIENT SUMMARY BILL

UHID	:	MMH202478776	Bill No	:	MMH/MH/IP202401438
IP No	:	IP2024001473	Bill Date	:	03/07/2024
Patient name	:	Mr.RAVICHANDRAN.N.K	DOA	:	1/7/2024 5:57PM
Age	:	64 Y 8 M 29 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	₹ 9,900.00
3	DIET CHARGES	₹ 1,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 9,245.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 5,071.00
8	PHARMACY CHARGE	₹ 11,406.00
9	PROFESSIONAL TEAM FEES	₹ 52,800.00
10	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 94,222.00
Sanction Amount		₹ 90,272.00
Net Payable		₹ 94,222.00
Advance Amount		₹ 3,950.00
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	7/1/2024	MMH/MH/RECH202402449	CASH	Advance Amount	3,000.00
2	7/3/2024	MMH/MH/RECH202402487	CASH	Advance Amount	950.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	24070200754	90,272.00