

IN PATIENT SUMMARY BILL

UHID	:	MMH202478930	Bill No	:	MMH/MH/IP202401537
IP No	:	IP2024001507	Bill Date	:	18/07/2024
Patient name	:	Mrs.LEELAVATHY	DOA	:	5/7/2024 7:40PM
Age	:	64 Y 0 M 15 D/Female	DOD	:	
			Entity Type	:	Insurance
			Entity Name	:	THE ORIENTAL INSURANCE
Consultant Name	:	Dr.SAKTHIDEVI.R	TPA	:	VIDAL HEALTH INSURANCE TPA PRIVATE LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 13,339.00
5	NURSING CHARGE	₹ 2,400.00
6	OTHER ADDITION	₹ 6,324.00
7	PHARMACY CHARGE	₹ 9,563.00
8	PROFESSIONAL TEAM FEES	₹ 5,500.00
9	RADIOLOGY	₹ 17,600.00
Gross Amount		₹ 69,926.00
Net Payable		₹ 69,926.00
Received Amount		₹ 0.00
Amount Payable		₹ 69,926.00

Received Amount in Words : Zero Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/8/2024	MMH/MH/RECH202402765	CARD	Advance Amount	10,000.00