

IN PATIENT SUMMARY BILL

UHID : MHI202484924

IP No : IP2024001633

Patient name : Mr.SRIDHAR S

Age : 64 Y 6 M 18 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401590

Bill Date : 25/07/2024

DOA : 20/7/2024 12:44PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : HEALTH INSURANCE TPA LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 2,000.00
6	LABORATORY	₹ 17,859.00
7	NURSING CHARGE	₹ 3,200.00
8	OTHER ADDITION	₹ 4,724.00
9	PHARMACY CHARGE	₹ 8,454.00
10	PROFESSIONAL TEAM FEES	₹ 11,000.00
11	RADIOLOGY	₹ 5,600.00
Gross Amount		₹ 75,487.00
Sanction Amount		₹ 74,987.00
Net Payable		₹ 75,487.00
Received Amount		₹ 1,086.00
Refund Amount		₹ 586.00

Received Amount in Words : One Thousand Eighty-Six Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/25/2024	MMH/MH/REDH202416216	CHEQUE	Collected Amount	1,086.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241300127645	74,987.00