

IN PATIENT SUMMARY BILL

UHID : MMH202480074

IP No : IP2024001733

Patient name : Mr.MANI V

Age : 55 Y 0 M 7 D/Male

Consultant Name : Dr.ANANTH.V

Bill No : MMH/MH/IP202401697

Bill Date : 08/08/2024

DOA : 1/8/2024 10:55PM

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	₹ 13,000.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 1,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 7,736.00
8	NURSING CHARGE	₹ 6,000.00
9	OTHER ADDITION	₹ 2,748.00
10	PHARMACY CHARGE	₹ 15,005.00
11	PHYSIOTHERAPY	₹ 4,000.00
12	PROFESSIONAL TEAM FEES	₹ 15,400.00
13	RADIOLOGY	₹ 1,860.00
Gross Amount		₹ 77,349.00
Sanction Amount		₹ 60,759.00
Net Payable		₹ 77,349.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 1,744.00
Refund Amount		₹ 5,154.00

Received Amount in Words : Twenty-One Thousand Seven Hundred Forty-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MH/RECH202402966	CARD	Advance Amount	20,000.00
2	8/8/2024	MMH/MH/REDH202417325	CHEQUE	Collected Amount	1,744.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241400142137	60,759.00