

IN PATIENT SUMMARY BILL

UHID : MMH202480600

IP No : IP2024001821

Patient name : Mr.ARAVINTHAN.M

Age : 28 Y 0 M 18 D/Male

Consultant Name : Dr.BOOPATHY.D

Bill No : MMH/MH/IP202401767

Bill Date : 17/08/2024

DOA : 15/8/2024 7:50AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

TPA : MD INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 173.00
5	NURSING CHARGE	₹ 1,200.00
6	OPERATION THEATRE CHARGES	₹ 2,850.00
7	OTHER ADDITION	₹ 232.00
8	PHARMACY CHARGE	₹ 5,995.00
9	PROFESSIONAL TEAM FEES	₹ 69,300.00
Gross Amount		₹ 85,350.00
Sanction Amount		₹ 85,350.00
Net Payable		₹ 85,350.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	MD18781602	85,350.00