

IN PATIENT SUMMARY BILL

UHID	: MMH202480805	Bill No	: MMH/MH/IP202401854
IP No	: IP2024001895	Bill Date	: 28/08/2024
Patient name	: Mrs.KAMAKSHI V	DOA	: 24/8/2024 12:30PM
Age	: 88 Y 11 M 19 D/Female	DOD	:
		Entity Type	: Insurance
		Entity Name	: THE ORIENTAL INSURANCE
Consultant Name	: Dr.T.PALANIAPPAN	TPA	: MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 33,750.00
3	DIET CHARGES	₹ 2,500.00
4	EQUIPMENT	₹ 17,150.00
5	GENERAL PROCEEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 13,500.00
8	LABORATORY	₹ 33,441.00
9	NURSING CHARGE	₹ 9,000.00
10	OPERATION THEATRE CHARGES	₹ 11,000.00
11	OTHER ADDITION	₹ 16,557.00
12	PHARMACY CHARGE	₹ 64,014.00
13	PHYSIOTHERAPY	₹ 2,100.00
14	PROFESSIONAL TEAM FEES	₹ 29,150.00
15	RADIOLOGY	₹ 32,540.00
16	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 266,752.00
Sanction Amount		₹ 183,566.00
Net Payable		₹ 266,752.00
Advance Amount		₹ 83,186.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Three Thousand One Hundred Eighty-Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/24/2024	MMH/MH/RECH202403271	CARD	Advance Amount	10,000.00
2	8/27/2024	MMH/MH/RECH202403310	CARD	Advance Amount	50,000.00
3	8/28/2024	MMH/MH/RECH202403326	CARD	Advance Amount	23,186.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	39407984	183,566.00