

IN PATIENT SUMMARY BILL

UHID : MMH202481814

IP No : IP2024002141

Patient name : Mr.KRISHNAMURTHI.R

Age : 90 Y 5 M 17 D/Male

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202402113

Bill Date : 01/10/2024

DOA : 25/9/2024 1:59PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,525.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	LABORATORY	₹ 6,470.00
6	NURSING CHARGE	₹ 2,800.00
7	OTHER ADDITION	₹ 9,149.00
8	PHARMACY CHARGE	₹ 3,329.00
9	PHYSIOTHERAPY	₹ 2,400.00
10	PROFESSIONAL TEAM FEES	₹ 12,100.00
11	RADIOLOGY	₹ 1,452.00
12	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 58,200.00
Sanction Amount		₹ 57,850.00
Net Payable		₹ 58,200.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,650.00

Received Amount in Words : Three Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MH/RECH202403744	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	241300209566	57,850.00