

IN PATIENT SUMMARY BILL

UHID : MMH202481865

IP No : IP2024002149

Patient name : Mr.KUMAR P

Age : 70 Y 10 M 21 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402111

Bill Date : 01/10/2024

DOA : 26/9/2024 11:21AM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,000.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 2,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 30,267.00
8	NURSING CHARGE	₹ 3,600.00
9	OTHER ADDITION	₹ 8,305.00
10	PHARMACY CHARGE	₹ 2,311.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 8,250.00
13	RADIOLOGY	₹ 17,240.00
Gross Amount		₹ 91,523.00
Sanction Amount		₹ 89,582.00
Net Payable		₹ 91,523.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 38,059.00

Received Amount in Words : Forty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/RECH202403763	UPI	Advance Amount	10,000.00
2	9/26/2024	MMH/MH/RECH202403769	UPI	Advance Amount	30,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	1250196	89,582.00