

IN PATIENT SUMMARY BILL

UHID : MMH202482393

IP No : IP2024002231

Patient name : Mrs.KRITHIKA S

Age : 41 Y 9 M 17 D/Female

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202402203

Bill Date : 14/10/2024

DOA : 7/10/2024 9:25PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 3,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,333.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 7,700.00
10	OTHER ADDITION	₹ 897.00
11	PHARMACY CHARGE	₹ 11,720.00
12	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 89,200.00
Sanction Amount		₹ 61,200.00
Net Payable		₹ 89,200.00
Advance Amount		₹ 28,000.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Eight Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MH/RECH202403946	CARD	Advance Amount	3,000.00
2	10/9/2024	MMH/MH/RECH202403972	CASH	Advance Amount	25,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	7023702	61,200.00