

IN PATIENT SUMMARY BILL

UHID : MMH202482452

IP No : IP2024002252

Patient name : Mrs.ARULMOZHI S

Age : 63 Y 9 M 14 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402225

Bill Date : 15/10/2024

DOA : 9/10/2024 3:35PM

DOD :

Entity Type : Insurance

Entity Name : THE ORIENTAL INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 45,000.00
3	DIET CHARGES	₹ 3,000.00
4	EQUIPMENT	₹ 18,000.00
5	INTENSIVIST CHARGES	₹ 18,000.00
6	LABORATORY	₹ 37,400.00
7	NURSING CHARGE	₹ 12,000.00
8	OTHER ADDITION	₹ 21,594.00
9	PHARMACY CHARGE	₹ 29,366.00
10	PHYSIOTHERAPY	₹ 4,900.00
11	PROCEDURE CHARGES	₹ 1,000.00
12	PROFESSIONAL TEAM FEES	₹ 14,300.00
13	RADIOLOGY	₹ 36,590.00
Gross Amount		₹ 241,500.00
Sanction Amount		₹ 178,286.00
Net Payable		₹ 241,500.00
Advance Amount		₹ 63,214.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Three Thousand Two Hundred Fourteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/14/2024	MMH/MH/RECH202404036	UPI	Advance Amount	48,214.00
2	10/9/2024	MMH/MH/RECH202403974	CARD	Advance Amount	15,000.00

Medical Claim	Claim No	Sanction Amount
THE ORIENTAL INSURANCE	7029737	178,286.00