

MEDICAL OFFICER REVIEW SHEET

CCN	HH000123456
Policy Type	-
Bill Type	Reimbursement (Main Bill)
Card No	-
Intimation Date	-
File Receipt Date	-
Policy No	POL123456789
BO/Do Code	-
Policy Valid From	2023-01-01
Policy Valid To	2024-01-01
Proposer Name	-
Patient's Name	John Doe
Sum Insured	500000
Cummulative Bonus	-
Hospital Name	Apollo Hospital
Illness	Type 2 Diabetes
DOA	10-01-2024
DOD	15-01-2024
Balance Available	350000

Documents

Documents Completeness	86%
Missing Mandatory	Payment Receipts
Warning	Missing 1 mandatory document(s)

Financial Summary

Total Billed	63,018.00
Non-payable Items	1,500.00
Room Rent Excess	0.00
Co-payment	0.00
Deductible	0.00
Total Deductions	1,500.00
Final Payable	61,518.00

Deduction Breakdown

Type	Amount	Reason
Non-payable	1,500.00	Diapers

Billing Items

Item	Amount (Rs.)	Page
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Consultation	5,000.00	12
Lab tests	3,000.00	13
Diapers (Non-payable)	1,500.00	-

Non-payable Items

Item	Amount	Reason
Diapers	1,500.00	Non-covered