

MEDICAL OFFICER REVIEW SHEET

CCN	-
Policy Type	-
Bill Type	-
Card No	-
Intimation Date	-
File Receipt Date	-
Policy No	500411501910001218
BO/Do Code	-
Policy Valid From	2023-01-01
Policy Valid To	2024-01-01
Proposer Name	-
Patient's Name	Relation with Proposer Address
Sum Insured	500000
Cummulative Bonus	-
Hospital Name	Oi '3 Roky ose: es
Illness	-
DOA	
DOD	
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	0.00
Room Rent Excess	0.00
Co-payment	0.00
Deductible	0.00
Total Deductions	0.00
Final Payable	63,018.00

Billing Items

Item	Amount (Rs.)	Page
Cash-	10,000.00	12
Cash-	11,006.00	12
Cash	11,006.00	13

MEENA R The sum of	11,006.00	13
Cash	10,000.00	14
MEENA R The sum of	10,000.00	14