IN PATIENT SUMMARY BILL

UHID	:	MHI202375487	Bill No	:	MMH/HM/IPH202400785
IP No	:	IPH2024000750	Bill Date	:	04/04/2024
Patient name	:	Ms.BALANAGAMMA M	DOA	:	29/3/2024 11:23AM
Age	:	56/Female	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	GENERAL PROCEDURE	₹	33,466.00
2	IMPLANT	₹	118,000.00
3	LABORATORY	₹	973.00
4	PHARMACY CHARGE	₹	23,701.00
5	RADIOLOGY	₹	860.00
	Gross Amount	₹	**177,000.00**
	Sanction Amount	₹	**177,000.00**
	Net Payable	₹	**177,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
ESI	5902643	177,000.00