

IN PATIENT SUMMARY BILL

UHID : MHI202381064
IP No : IPH202302465
Patient name : Mrs.LEEMA ROSE A
Age : 50 Y 0 M 22 D/Female

Bill No : MMH/HM/IPH00493
Bill Date : 12/12/2023
DOA : 9/12/2023 9:01AM
DOD :
Entity Type : Corporate
Entity Name : ESI

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | Amount |
|-----------------|--------------------------|--------------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ 61,877.00 |
| 2 | IMPLANT | ₹ 25,000.00 |
| 3 | LABORATORY | ₹ 243.00 |
| 4 | PHARMACY CHARGE | ₹ 14,305.00 |
| 5 | RADIOLOGY | ₹ 1,200.00 |
| Gross Amount | | ₹ 102,625.00 |
| Sanction Amount | | ₹ 102,625.00 |
| Net Payable | | ₹ 102,625.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Zero Only

SANTHOSH
Authorised Signature

Payment History

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

| Medical Claim | Claim No | Sanction Amount |
|---------------|----------|-----------------|
| ESI | 5649738 | 102,625.00 |