

**IN PATIENT SUMMARY BILL**

UHID : MHI202381436  
IP No : IPH2023002596  
Patient name : Mrs.SHOBANA  
Age : 44 Y 5 M 25 D/Female

Bill No : MMH/HM/IPH00601  
Bill Date : 26/12/2023  
DOA : 26/12/2023 10:51AM  
DOD :  
Entity Type : Corporate  
Entity Name : ESI

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 5,621.00
2	PHARMACY CHARGE	₹ 5,092.00
<b>Gross Amount</b>		₹ <b>10,713.00</b>
<b>Sanction Amount</b>		₹ <b>10,713.00</b>
<b>Net Payable</b>		₹ <b>10,713.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**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	5691054	10,713.00