

IN PATIENT SUMMARY BILL

UHID : MHI202381549

IP No : IPH2024000028

Patient name : Mrs.SHEELA A

Age : 42 Y 6 M 9 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400029

Bill Date : 04/01/2024

DOA : 4/1/2024 10:40AM

DOD :

Entity Type : Corporate

Entity Name : ESI

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 5,376.00
2	PHARMACY CHARGE	₹ 5,337.00
Gross Amount		₹ 10,713.00
Sanction Amount		₹ 10,713.00
Net Payable		₹ 10,713.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

IYAPPAN R
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
ESI	51314776365	10,713.00