

IN PATIENT SUMMARY BILL

UHID : MHI202481644

IP No : IPH2024000057

Patient name : Mrs.JAYALAKSHMI K

Age : 67 Y 6 M 17 D/Female

Bill No : MMH/HM/IPH2024000053

Bill Date : 08/01/2024

DOA : 8/1/2024 8:36AM

DOD :

Entity Type : Corporate

Entity Name : ESI

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 5,351.00
2	PHARMACY CHARGE	₹ 5,362.00
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	5725163	10,713.00