IN PATIENT SUMMARY BILL

UHID	:	MHI202481863	Bill No	:	MMH/HM/IPH202400612
IP No	:	IPH2024000577	Bill Date	:	18/03/2024
Patient name	:	Mr.MANI V	DOA	:	11/3/2024 12:15PM
Age	:	55 Y 10 M 12 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	500.00
2	GENERAL PROCEDURE	₹	30,040.00
3	LABORATORY	₹	1,776.00
4	PHARMACY CHARGE	₹	65,415.00
5	RADIOLOGY	₹	640.00
6	SURGICAL PACKAGE-HEART	₹	20,000.00
	Gross Amount	₹	**118,371.00**
	Sanction Amount	₹	**118,371.00**
	Net Payable	₹	**118,371.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

ASHWIN
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
ESI	5727522	118,371.00