IN PATIENT SUMMARY BILL

UHID	:	MHI202482094	Bill No	:	MMH/HM/IPH202400236
IP No	:	IPH2024000236	Bill Date	:	01/02/2024
Patient name	:	Mr.ARUNKALAISELVAM	DOA	:	1/2/2024 11:03AM
Age	:	58 Y 4 M 25 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	6,251.00
2	PHARMACY CHARGE	₹	5,651.00
	Gross Amount	₹	**11,902.00**
	Sanction Amount	₹	**11,902.00**
	Net Payable	₹	**11,902.00**
	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	5777417	11,902.00