IN PATIENT SUMMARY BILL

UHID	:	MHI202482635	Bill No	:	MMH/HM/IPH202400515
IP No	:	IPH2024000531	Bill Date	:	06/03/2024
Patient name	:	Mrs.POONGAVANAM K	DOA	:	6/3/2024 10:29AM
Age	:	48 Y 6 M 5 D/Female	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	6,069.00
2	PHARMACY CHARGE	₹	5,834.00
	Gross Amount	₹	**11,903.00**
	Sanction Amount	₹	**11,903.00**
	Net Payable	₹	**11,903.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

AKASH
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
ESI	5842766	11,903.00