

IN PATIENT SUMMARY BILL

UHID : MHI202482998
IP No : IPH2024000740
Patient name : Mr.YEGBAL H
Age : 47 Y 1 M 8 D/Male

Bill No : MMH/HM/IPH202400768
Bill Date : 03/04/2024
DOA : 28/3/2024 4:19PM
DOD :
Entity Type : Corporate
Entity Name : ESI

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	BED CHARGES	₹ 1,500.00
2	LABORATORY	₹ 56.00
3	PHARMACY CHARGE	₹ 3,102.00
4	PROFESSIONAL TEAM FEES	₹ 700.00
Gross Amount		₹ 5,358.00
Sanction Amount		₹ 5,358.00
Net Payable		₹ 5,358.00
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	5905764	5,358.00