IN PATIENT DETAILED BILL

Patient Name	:	**Mr.AMBEDKAR K**	Patient Id	:	**MHI202483119**
Patient Type	:	IP	Bill No	:	MMH/HM/IPH202400854
Gender	:	Male	IP No	:	IPH2024000789
Age	:	40 Y 0 M 25 D	Ward/Bed	:	GENERAL WARD / GW-2
Doctor Name	:	Dr.K.JAISHANKAR	DOA	:	03/04/2024 8:51AM
Speciality	:	CARDIOLOGIST	DOD	:	
Entity Type	:	Corporate	Bill Date	:	12/04/2024
Payer	:	ESI			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
CARDIOLOGY PACKAGE-HEART					
1	12/04/2024 .	601-CORONARY ANGIOGRAPHY	0.50	₹ 13,884.00	₹ 6,942.00
PHARMACY CHARGE					
2	12/04/2024 .	PHARMACY CHARGE	1.00	₹ 4,961.00	₹ 4,961.00

Gross Amount	₹	**11,903.00**
Net Payable	₹	**11,903.00**
Received Amount	₹	**0.00**

Received Amount In Words : Zero Only

PRAVEEN KUMAR
Authorized Signtaure

Payment History

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

Medical Claim	Claim No	Amount
ESI	5912910	11,903.00