IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.SELVI V**	Patient Id	:	**MHI202483170**
Patient Type	:	IP	Bill No	:	MMH/HM/IPH202400747
Gender	:	Female	IP No	:	IPH2024000771
Age	:	57 Y 3 M 0 D	Ward/Bed	:	RADIAL LOUNGE / RL-5
Doctor Name	:	Dr.G. GNANAVELU	DOA	:	01/04/2024 10:46AM
Speciality	:	CARDIOLOGIST	DOD	:	
Entity Type	:	Corporate	Bill Date	:	01/04/2024
Payer	:	ESI			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
CARDIOLOGY PACKAGE-HEART					
1	. 01/04/2024	601-CORONARY ANGIOGRAPHY	0.50	₹ 12,852.00	₹ 6,426.00
PHARMACY CHARGE					
2	. 01/04/2024	PHARMACY CHARGE	1.00	₹ 5,477.00	₹ 5,477.00

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

Received Amount In Words : Zero Only

AKASH
Authorized Signtaure

Payment History

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

Medical Claim	Claim No	Amount
ESI	5908477	11,903.00