IN PATIENT SUMMARY BILL

UHID	:	MHI202483256	Bill No	:	MMH/HM/IPH202401025
IP No	:	IPH2024001026	Bill Date	:	30/04/2024
Patient name	:	Mrs.RAJALAKSHMI (ESI)	DOA	:	28/4/2024 8:13PM
Age	:	61 Y 10 M 8 D/Female	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	GENERAL PROCEDURE	₹	71,001.00
2	LABORATORY	₹	1,021.00
3	PHARMACY CHARGE	₹	9,978.00
4	RADIOLOGY	₹	800.00
	Gross Amount	₹	**82,800.00**
	Sanction Amount	₹	**82,800.00**
	Net Payable	₹	**82,800.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

PRAVEEN
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
ESI	5948468	82,800.00