

IN PATIENT SUMMARY BILL

UHID : MHI202483521

IP No : IPH2024000957

Patient name : Mr.SAMIYAPPAN

Age : 54 Y 2 M 15 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400940

Bill Date : 22/04/2024

DOA : 22/4/2024 8:01AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 6,005.00
2	PHARMACY CHARGE	₹ 5,898.00
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

ASHWIN
Authorised Signature

Payment History

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

Medical Claim	Claim No	Sanction Amount
ESI	5949354	11,903.00