

IN PATIENT SUMMARY BILL

UHID : MHI202483650

IP No : IPH2024002123

Patient name : Mrs.RADHIKA N (ESI)

Age : 34 Y 4 M 20 D/Female

Consultant Name : Dr.KAILASH A JAIN

Bill No : MMH/HM/IPH202402158

Bill Date : 18/09/2024

DOA : 10/9/2024 4:56PM

DOD :

Entity Type : Corporate

Entity Name : ESI

S.No	Description	Amount
1	BLOOD COMPONENTS	₹ 2,000.00
2	IMPLANT	₹ 88,315.00
3	LABORATORY	₹ 4,100.00
4	PHARMACY CHARGE	₹ 114,894.00
5	RADIOLOGY	₹ 2,185.00
Gross Amount		₹ 211,494.00
Sanction Amount		₹ 184,843.00
Discount Amount		₹ 26,651.00
Net Payable		₹ 184,843.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

NITHESHVAR R
Authorised Signature

Payment History

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