

IN PATIENT SUMMARY BILL

UHID : MHI202483650 Bill No : MMH/HM/IPH202402158
 IP No : IPH2024002123 Bill Date : 18/09/2024
 Patient name : Mrs.RADHIKA N (ESI) DOA : 10/9/2024 4:56PM
 Age : 34 Y 4 M 20 D/Female DOD :
 Entity Type : Corporate
 Entity Name : ESI

Consultant Name : Dr.KAILASH A JAIN

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

NITHESVAR R
Authorised Signature

Payment History

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