

IN PATIENT SUMMARY BILL

UHID : MHI202483745 Bill No : MMH/HM/IPH202402218
 IP No : IPH2024002182 Bill Date : 24/09/2024
 Patient name : Mrs.PREMA.M (ESI) DOA : 17/9/2024 10:07AM
 Age : 55 Y 11 M 18 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	₹ 5,321.00
4	PHARMACY CHARGE	₹ 161,504.00
5	RADIOLOGY	₹ 1,955.00
	Gross Amount	₹ 259,095.00
	Sanction Amount	₹ 184,833.00
	Discount Amount	₹ 74,262.00
	Net Payable	₹ 184,833.00
	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					