

IN PATIENT SUMMARY BILL

UHID : MHI202483745

IP No : IPH2024002182

Patient name : Mrs.PREMA.M (ESI)

Age : 55 Y 11 M 18 D/Female

Consultant Name : Dr.KAILASH A JAIN

Bill No : MMH/HM/IPH202402218

Bill Date : 24/09/2024

DOA : 17/9/2024 10:07AM

DOD :

Entity Type : Corporate

Entity Name : ESI

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

NITHESHVAR R
Authorised Signature

Payment History

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