IN PATIENT SUMMARY BILL

UHID	:	MHI202485623	Bill No	:	MMH/HM/IPH202402269
IP No	:	IPH2024002239	Bill Date	:	30/09/2024
Patient name	:	Mr.AROKIYADASS.I (ESI)	DOA	:	23/9/2024 10:26AM
Age	:	54 Y 5 M 0 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	ESI
Consultant Name	:	Dr.KAILASH A JAIN			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	1,500.00
2	IMPLANT	₹	103,030.00
3	LABORATORY	₹	4,985.00
4	PHARMACY CHARGE	₹	138,188.00
5	RADIOLOGY	₹	1,955.00
	Gross Amount	₹	**249,658.00**
	Sanction Amount	₹	**199,548.00**
	Discount Amount	₹	**50,110.00**
	Net Payable	₹	**199,548.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Zero Only

PRAVEEN
Authorised Signature

Payment History

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