

IN PATIENT SUMMARY BILL

UHID : MH34458

IP No : IPH2024000005

Patient name : Mrs.MASILAMANI K

Age : 58 Y 4 M 25 D/Female

Bill No : MMH/HM/IPH202400003

Bill Date : 02/01/2024

DOA : 2/1/2024 8:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,188.00
2	PHARMACY CHARGE	₹ 7,812.00
Gross Amount		₹ 16,000.00
Net Payable		₹ 16,000.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	16,000.00