

IN PATIENT SUMMARY BILL

UHID : MH42379

IP No : IPH2024000723

Patient name : Mr.SARAVANAN M

Age : 55 Y 9 M 23 D/Male

Bill No : MMH/HM/IPH202400700

Bill Date : 27/03/2024

DOA : 27/3/2024 8:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,553.00
2	PHARMACY CHARGE	₹ 5,447.00
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

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	16,000.00