

IN PATIENT SUMMARY BILL

UHID	:	MHI202380999	Bill No	:	MMH/HM/IPH00372
IP No	:	IPH202302352	Bill Date	:	25/11/2023
Patient name	:	Mr.RADHAKRISHNAN.S	DOA	:	25/11/2023 11:26AM
Age	:	61 Y 5 M 8 D/Male	DOD	:	25/11/2023 5:14PM
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,271.00
2	PHARMACY CHARGE	₹ 7,729.00
	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	2023-11-25 11:37:21.320	MMH/HM/RECAP00360	CASH	Advance Amount	16,000.00