

IN PATIENT SUMMARY BILL

UHID : MHI202380999

IP No : IPH202302352

Patient name : Mr.RADHAKRISHNAN.S

Age : 61 Y 5 M 8 D/Male

Bill No : MMH/HM/IPH00372

Bill Date : 25/11/2023

DOA : 25/11/2023 11:26AM

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 11:37:21.326	MMH/HM/RECAP00360	CASH	Advance Amount	16,000.00