

IN PATIENT SUMMARY BILL

UHID	:	MHI202380711	Bill No	:	MMH/HM/IPH00555
IP No	:	IPH202302553	Bill Date	:	20/12/2023
Patient name	:	Mrs.JOTHISREE VENKATARAMAN	DOA	:	20/12/2023 10:46AM
Age	:	70 Y 11 M 13 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,496.00
2	PHARMACY CHARGE	₹ 7,504.00
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	20/12/2023	MMH/HM/RECAP00606	CARD	Advance Amount	16,000.00