IN PATIENT SUMMARY BILL

UHID : MHI202380823 Bill No : MMH/HM/IPH202400269

IP No : IPH2024000278 Bill Date : 06/02/2024

Patient name Mr.ANANDAN.R DOA : 6/2/2024 10:40AM

Age : 61 Y 6 M 25 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | | | Amount |
|------|--------------------------|-----------------|---|-----------|
| 1 | CARDIOLOGY PACKAGE-HEART | | ₹ | 9,148.00 |
| 2 | PHARMACY CHARGE | | ₹ | 6,852.00 |
| | | 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 | 06/02/2024 | MMH/HM/RECAP2024003 | UPI | Advance Amount | 16,000.00 |