

IN PATIENT SUMMARY BILL

UHID : MHI202380943

IP No : IPH2024000560

Patient name : Mr.SRINIVASAN S

Age : 47 Y 4 M 3 D/Male

Bill No : MMH/HM/IPH202400546

Bill Date : 09/03/2024

DOA : 9/3/2024 11:13AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,156.00
2	PHARMACY CHARGE	₹ 5,844.00
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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/03/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	16,000.00