

IN PATIENT SUMMARY BILL

UHID : MHI202381020

IP No : IPH202302454

Patient name : Mr.VELUMAILE

Age : 73 Y 7 M 15 D/Male

Bill No : MMH/HM/IPH00469

Bill Date : 08/12/2023

DOA : 8/12/2023 10:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,305.00
2	PHARMACY CHARGE	₹ 5,695.00
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	2023-12-08 10:49:46.736	MMH/HM/RECAP00488	CARD	Advance Amount	16,000.00