

IN PATIENT SUMMARY BILL

UHID	:	MHI202381059	Bill No	:	MMH/HM/IPH00407
IP No	:	IPH202302385	Bill Date	:	29/11/2023
Patient name	:	Mr.MANI ARUNACHALAM	DOA	:	29/11/2023 10:20AM
Age	:	62 Y 8 M 16 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,050.00
2	PHARMACY CHARGE	₹ 5,950.00
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	2023-11-29 11:02:40.550	MMH/HM/RECAP00409	CASH	Advance Amount	16,000.00