

IN PATIENT SUMMARY BILL

UHID : MHI202381073

IP No : IPH202302391

Patient name : Mrs.KRISHNAVENI

Age : 56 Y 2 M 7 D/Female

Bill No : MMH/HM/IPH00406

Bill Date : 29/11/2023

DOA : 29/11/2023 11:02AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,200.00
2	PHARMACY CHARGE	₹ 6,800.00
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 11:03:07.180	MMH/HM/RECAP00410	CASH	Advance Amount	16,000.00