

IN PATIENT SUMMARY BILL

UHID : MHI202381119

IP No : IPH202302419

Patient name : Mrs.KALAIVANI A

Age : 75 Y 5 M 22 D/Female

Bill No : MMH/HM/IPH00443

Bill Date : 02/12/2023

DOA : 2/12/2023 10:29AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,531.00
2	PHARMACY CHARGE	₹ 5,469.00
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

SANTHOSH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 10:41:38.436	MMH/HM/RECAP00441	CASH	Advance Amount	16,000.00