

**IN PATIENT SUMMARY BILL**

UHID : MHI202381137

IP No : IPH202302435

Patient name : Mrs.NOORI

Age : 60 Y 5 M 21 D/Female

Bill No : MMH/HM/IPH00458

Bill Date : 06/12/2023

DOA : 6/12/2023 10:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,998.00
2	PHARMACY CHARGE	₹ 6,002.00
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	2023-12-06 10:12:44.633	MMH/HM/RECAP00467	CARD	Advance Amount	16,000.00