

IN PATIENT SUMMARY BILL

UHID : MHI202381154

IP No : IPH202302540

Patient name : Mrs.KALYANI L

Age : 41 Y 4 M 3 D/Female

Bill No : MMH/HM/IPH00546

Bill Date : 19/12/2023

DOA : 19/12/2023 10:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount	
1	CARDIOLOGY PACKAGE-HEART	₹	7,683.00
2	PHARMACY CHARGE	₹	8,317.00
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	19/12/2023	MMH/HM/RECAP00582	CARD	Advance Amount	16,000.00