

IN PATIENT SUMMARY BILL

UHID : MHI202381212
IP No : IPH202302471
Patient name : Mrs.CELIA K V
Age : 66 Y 4 M 17 D/Female

Bill No : MMH/HM/IPH00478
Bill Date : 11/12/2023
DOA : 11/12/2023 9:17AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,401.00
2	PHARMACY CHARGE	₹ 5,599.00
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	2023-12-11 09:19:49.856	MMH/HM/RECAP00515	CARD	Advance Amount	16,000.00