

**IN PATIENT SUMMARY BILL**

UHID : MHI202381219

IP No : IPH202302474

Patient name : Mrs.JEYASHRI.S

Age : 66 Y 10 M 5 D/Female

Bill No : MMH/HM/IPH00483

Bill Date : 11/12/2023

DOA : 11/12/2023 11:37AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,574.00
2	PHARMACY CHARGE	₹ 5,426.00
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 11:38:14.213	MMH/HM/RECAP00517	UPI	Advance Amount	16,000.00