

IN PATIENT SUMMARY BILL

UHID : MHI202381220
IP No : IPH202302480
Patient name : Mrs.DEVIKA
Age : 61 Y 6 M 28 D/Female

Bill No : MMH/HM/IPH00492
Bill Date : 12/12/2023
DOA : 12/12/2023 9:01AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.JAISHANKAR.K

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,789.00
2	PHARMACY CHARGE	₹ 6,211.00
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	2023-12-12 09:06:51.593	MMH/HM/RECAP00527	UPI	Advance Amount	10,000.00
2	2023-12-12 13:25:01.616	MMH/HM/RECAP00531	UPI	Advance Amount	6,000.00