

**IN PATIENT SUMMARY BILL**

UHID : MHC202381232

IP No : IPH202302481

Patient name : Mrs.AMUDHA R

Age : 50 Y 9 M 1 D/Female

Bill No : MMH/HM/IPH00497

Bill Date : 13/12/2023

DOA : 12/12/2023 10:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,186.00
2	PHARMACY CHARGE	₹ 5,814.00
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 10:42:08.280	MMH/HM/RECAP00528	CASH	Advance Amount	5,000.00
2	2023-12-12 17:17:35.320	MMH/HM/RECAP00533	UPI	Advance Amount	11,000.00