

IN PATIENT SUMMARY BILL

UHID : MHI202381241

IP No : IPH202302541

Patient name : Mrs.JOTHIANBU

Age : 68 Y 5 M 4 D/Female

Bill No : MMH/HM/IPH00547

Bill Date : 19/12/2023

DOA : 19/12/2023 10:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,267.00
2	PHARMACY CHARGE	₹ 7,733.00
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/RECAP00583	CARD	Advance Amount	16,000.00