

IN PATIENT SUMMARY BILL

UHID : MHI202381297

IP No : IPH2023002619

Patient name : Mrs.KALAISELVI S

Age : 45 Y 6 M 18 D/Female

Bill No : MMH/HM/IPH00628

Bill Date : 28/12/2023

DOA : 28/12/2023 10:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,986.00
2	PHARMACY CHARGE	₹ 6,014.00
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	28/12/2023	MMH/HM/RECAP00699	CASH	Advance Amount	16,000.00