

IN PATIENT SUMMARY BILL

UHID : MHI202381427

IP No : IPH202302567

Patient name : Mr.IMTIAZUDDIN T

Age : 63 Y 10 M 21 D/Male

Bill No : MMH/HM/IPH00567

Bill Date : 22/12/2023

DOA : 21/12/2023 10:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | Amount | |
|-----------------|--------------------------|--------|-----------|
| 1 | CARDIOLOGY PACKAGE-HEART | ₹ | 9,829.00 |
| 2 | PHARMACY CHARGE | ₹ | 6,171.00 |
| 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 | 21/12/2023 | MMH/HM/RECAP00618 | CASH | Advance Amount | 16,000.00 |