

**IN PATIENT SUMMARY BILL**

UHID : MHI202381439  
IP No : IPH202302573  
Patient name : Mrs.THANGAMANI R  
Age : 43 Y 9 M 8 D/Female

Bill No : MMH/HM/IPH00571  
Bill Date : 23/12/2023  
DOA : 22/12/2023 10:10AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,046.00
2	PHARMACY CHARGE	₹ 5,954.00
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	22/12/2023	MMH/HM/RECAP00630	CASH	Advance Amount	16,000.00