

**IN PATIENT SUMMARY BILL**

UHID : MHI202381489  
IP No : IPH2023002600  
Patient name : Mr.SAMRAJ K  
Age : 53 Y 3 M 9 D/Male

Bill No : MMH/HM/IPH00611  
Bill Date : 26/12/2023  
DOA : 26/12/2023 11:24AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,534.00
2	PHARMACY CHARGE	₹ 5,466.00
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

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/12/2023	MMH/HM/RECAP00674	CASH	Advance Amount	16,000.00