

IN PATIENT SUMMARY BILL

UHID : MHI202381495

IP No : IPH2023002598

Patient name : Mrs.UMA P

Age : 56 Y 10 M 24 D/Female

Bill No : MMH/HM/IPH00612

Bill Date : 26/12/2023

DOA : 26/12/2023 11:05AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,515.00
2	PHARMACY CHARGE	₹ 5,485.00
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/RECAP00671	CASH	Advance Amount	16,000.00