

IN PATIENT SUMMARY BILL

UHID : MHI202381497
IP No : IPH2023002594
Patient name : Mrs.VASANTHI A
Age : 53 Y 3 M 22 D/Female

Bill No : MMH/HM/IPH00602
Bill Date : 26/12/2023
DOA : 26/12/2023 10:36AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,725.00
2	PHARMACY CHARGE	₹ 6,275.00
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	26/12/2023	MMH/HM/RECAP00670	CASH	Advance Amount	16,000.00