

IN PATIENT SUMMARY BILL

UHID : MHI202381537

IP No : IPH2023002616

Patient name : Mr.GOVINDARAJU C

Age : 49 Y 7 M 11 D/Male

Bill No : MMH/HM/IPH00630

Bill Date : 28/12/2023

DOA : 28/12/2023 10:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,737.00
2	PHARMACY CHARGE	₹ 5,263.00
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	28/12/2023	MMH/HM/RECAP00698	CARD	Advance Amount	16,000.00