

IN PATIENT SUMMARY BILL

UHID : MHI202381562
IP No : IPH2023002633
Patient name : Mr.RAJASINGH P
Age : 59 Y 7 M 8 D/Male

Bill No : MMH/HM/IPH00648
Bill Date : 29/12/2023
DOA : 29/12/2023 12:32PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.NARENDRAN M

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,538.00
2	PHARMACY CHARGE	₹ 6,462.00
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	29/12/2023	MMH/HM/RECAP00732	UPI	Advance Amount	16,000.00