

IN PATIENT SUMMARY BILL

UHID : MHI202481621

IP No : IPH2024000101

Patient name : Mrs.VARALAKSHMI.K

Age : 61 Y 7 M 16 D/Female

Bill No : MMH/HM/IPH202400095

Bill Date : 12/01/2024

DOA : 12/1/2024 9:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,337.00
2	PHARMACY CHARGE	₹ 5,663.00
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	12/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	16,000.00