IN PATIENT SUMMARY BILL

UHID : MHI202481636 Bill No : MMH/HM/IPH202400036

IP No : IPH2024000042 Bill Date : 05/01/2024

Patient name Mr.BALAMURUGAN K DOA : 5/1/2024 12:16PM

Age : 58 Y 6 M 11 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description			Amount
1	CARDIOLOGY PACKAGE-HEART		₹	10,930.00
2	PHARMACY CHARGE		₹	5,070.00
		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	05/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	16,000.00