IN PATIENT SUMMARY BILL

UHID	:	MHI202481651	Bill No	:	MMH/HM/IPH202400182
IP No	:	IPH2024000180	Bill Date	:	27/01/2024
Patient name	:	Mr.RUDHRAMOORTHY S	DOA	:	27/1/2024 8:50AM
Age	:	70 Y 7 M 24 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	10,738.00
2	PHARMACY CHARGE	₹	5,262.00
	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

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00