

IN PATIENT SUMMARY BILL

UHID : MHI202481675

IP No : IPH2024000064

Patient name : Mrs.RAJALAKSHMI.N

Age : 44 Y 6 M 24 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400054

Bill Date : 08/01/2024

DOA : 8/1/2024 11:36AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,233.00
2	LABORATORY	₹ 130.00
3	PHARMACY CHARGE	₹ 5,637.00
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	08/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	16,000.00