

IN PATIENT SUMMARY BILL

UHID : MHI202481679

IP No : IPH2024000060

Patient name : Mrs.JAYALAKSHMI.M

Age : 64 Y 3 M 12 D/Female

Bill No : MMH/HM/IPH202400056

Bill Date : 08/01/2024

DOA : 8/1/2024 10:57AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,709.00
2	PHARMACY CHARGE	₹ 6,291.00
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	UPI	Advance Amount	16,000.00