

IN PATIENT SUMMARY BILL

UHID : MHI202481701

IP No : IPH2024000079

Patient name : Mrs.LAKSHMI V

Age : 37 Y 7 M 5 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400076

Bill Date : 10/01/2024

DOA : 10/1/2024 8:03AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 11,000.00
2	PHARMACY CHARGE	₹ 5,000.00
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	10/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	16,000.00