

IN PATIENT SUMMARY BILL

UHID : MHI202481705

IP No : IPH2024000075

Patient name : Mr.SENTHIL KUMARAN.P

Age : 59 Y 6 M 28 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400072

Bill Date : 09/01/2024

DOA : 9/1/2024 12:43PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,645.00
2	PHARMACY CHARGE	₹ 7,355.00
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	09/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	16,000.00