

IN PATIENT SUMMARY BILL

UHID : MHI202481757

IP No : IPH2024000115

Patient name : Mr.RIAZ AHAMED

Age : 47 Y 8 M 5 D/Male

Bill No : MMH/HM/IPH202400102

Bill Date : 13/01/2024

DOA : 13/1/2024 10:42AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 8,745.00
2	PHARMACY CHARGE	₹ 7,255.00
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	13/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	16,000.00