

IN PATIENT SUMMARY BILL

UHID : MHI202481761

IP No : IPH2024000372

Patient name : Mrs.RAMANI

Age : 46 Y 1 M 6 D/Female

Bill No : MMH/HM/IPH202400351

Bill Date : 16/02/2024

DOA : 16/2/2024 10:33AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,240.00
2	PHARMACY CHARGE	₹ 5,760.00
Gross Amount		₹ 16,000.00
Discount Amount		₹ 6,000.00
Net Payable		₹ 10,000.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00

Received Amount in Words : Ten Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	5,000.00
2	16/02/2024	MMH/HM/RECAP2024004	CASH	Advance Amount	5,000.00