

IN PATIENT SUMMARY BILL

UHID : MHI202481763

IP No : IPH2024000108

Patient name : Mr.RAJAPPA S

Age : 81 Y 1 M 3 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400098

Bill Date : 13/01/2024

DOA : 12/1/2024 12:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description              | Amount |           |
|-----------------|--------------------------|--------|-----------|
| 1               | CARDIOLOGY PACKAGE-HEART | ₹      | 9,589.00  |
| 2               | PHARMACY CHARGE          | ₹      | 6,411.00  |
| 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    | 12/01/2024   | MMH/HM/RECAP2024001 | CASH         | Advance Amount | 16,000.00       |