

IN PATIENT SUMMARY BILL

UHID : MHI202481809

IP No : IPH2024000114

Patient name : Mrs.RANJINI P

Age : 47 Y 5 M 8 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400103

Bill Date : 13/01/2024

DOA : 13/1/2024 10:39AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount	
1	CARDIOLOGY PACKAGE-HEART	₹	9,091.00
2	PHARMACY CHARGE	₹	6,909.00
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