

IN PATIENT SUMMARY BILL

UHID : MHI202481920

IP No : IPH2024000330

Patient name : Mr.RAJAGOPAL R

Age : 68 Y 0 M 9 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400326

Bill Date : 13/02/2024

DOA : 13/2/2024 8:46AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,434.00
2	PHARMACY CHARGE	₹ 6,566.00
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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	16,000.00