

IN PATIENT SUMMARY BILL

UHID : MHI202481953

IP No : IPH2024000431

Patient name : Mrs.AMUDHA A

Age : 57 Y 11 M 10 D/Female

Bill No : MMH/HM/IPH202400409

Bill Date : 22/02/2024

DOA : 22/2/2024 1:14PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,994.00
2	PHARMACY CHARGE	₹ 6,006.00
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	22/02/2024	MMH/HM/RECAP2024004	UPI	Advance Amount	16,000.00