

IN PATIENT SUMMARY BILL

UHID : MHI202482014

IP No : IPH2024000262

Patient name : Mr.VIJAYAKUMAR .M

Age : 63 Y 8 M 24 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400263

Bill Date : 05/02/2024

DOA : 5/2/2024 9:33AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,625.00
2	PHARMACY CHARGE	₹ 6,375.00
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

ASHWIN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	16,000.00