

IN PATIENT SUMMARY BILL

UHID : MHI202482063

IP No : IPH2024000224

Patient name : Mrs.KANMANI.A

Age : 53 Y 5 M 2 D/Female

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400226

Bill Date : 31/01/2024

DOA : 31/1/2024 11:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 10,586.00
2	PHARMACY CHARGE	₹ 5,414.00
Gross Amount		₹ 16,000.00
Net Payable		₹ 16,000.00
Advance Amount		₹ 16,000.00
Received Amount		₹ 0.00

Received Amount in Words :

ASHWIN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	16,000.00