

IN PATIENT SUMMARY BILL

UHID : MHI202482108

IP No : IPH2024000265

Patient name : Mr.THOMAS

Age : 59 Y 1 M 26 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400264

Bill Date : 05/02/2024

DOA : 5/2/2024 10:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 6,189.00
2	DIET CHARGES	₹ 500.00
3	PHARMACY CHARGE	₹ 9,311.00
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	CASH	Advance Amount	16,000.00