

IN PATIENT SUMMARY BILL

UHID : MHI202482124

IP No : IPH2024000248

Patient name : Mrs.DAVALA JAYA BALA

Age : 54 Y 4 M 12 D/Female

Bill No : MMH/HM/IPH202400243

Bill Date : 02/02/2024

DOA : 2/2/2024 12:16PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount	
1	CARDIOLOGY PACKAGE-HEART	₹	9,537.00
2	PHARMACY CHARGE	₹	6,463.00
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

PRAVEEN KUMAR
Authorised Signature

Payment History

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