

IN PATIENT SUMMARY BILL

UHID : MHI202482137

IP No : IPH2024000251

Patient name : Mrs.BANU.R

Age : 45 Y 0 M 8 D/Female

Bill No : MMH/HM/IPH202400249

Bill Date : 03/02/2024

DOA : 3/2/2024 11:04AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	CARDIOLOGY PACKAGE-HEART	₹ 9,346.00
2	DIET CHARGES	₹ 500.00
3	PHARMACY CHARGE	₹ 6,154.00
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	03/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	16,000.00