IN PATIENT SUMMARY BILL

UHID	:	MHI202482181	Bill No	:	MMH/HM/IPH202400260
IP No	:	IPH2024000267	Bill Date	:	05/02/2024
Patient name	:	Mr.PARI .S	DOA	:	5/2/2024 11:16AM
Age	:	52 Y 4 M 0 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	CARDIOLOGY PACKAGE-HEART	₹	10,198.00
2	PHARMACY CHARGE	₹	5,802.00
	Gross Amount	₹	**16,000.00**
	Net Payable	₹	**16,000.00**
	Advance Amount	₹	**16,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words :

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	16,000.00